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ABSTRACT

This document presents a handbook for high school and college counselors and teachers who work with students who have school anxiety. Chapter One defines school anxiety as a strong physical and psychological reaction to specific situations in school that seriously impairs the ability of the student to perform. General anxiety is described, along with the physiology and cognitive elements of anxiety. Chapter Two focuses on assessment of school anxiety, looking at types of assessment, sample clinical assessments, and standardized anxiety assessments. Chapter Three identifies study skills as the first cognitive therapy technique for controlling school anxiety. Four problem areas are identified and four critical skills are presented: time management, concentrating and remembering, managing test situations, and assertiveness and lack of responsibility. Chapter Four presents the technique of systematic desensitization, describing traditional desensitization, in vivo desensitization, and audio tape and group presentations. Chapter Five identifies cognitive approaches to treating school anxieties. This chapter focuses on skills acquisitions, cognitive restructuring, and the development of coping strategies. Chapter Six presents general stress management techniques, including diet and eating patterns, exercise, and managing time and life pacing. Major differences in the treatment strategies to be used for the various types of school anxieties (test, speech, and mathematics anxieties) are discussed in Chapter Seven. Chapter Eight contains relaxation and desensitization scripts. Each chapter contains references. Contains 61 references. (NB)

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CONTROLLING SCHOOL ANXIETY:

A PRACTICAL GUIDE FOR COUNSELORS AND TEACHERS

by

David B. Ross, EdD
The College of Lake County
Grayslake, Illinois

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The following are materials that can be ordered from the College of Lake County. To obtain a current price list please contact:

Dr. David Ross
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19351 W. Washington St.
Grayslake, IL 60030-1198
708-223-6601 ext. 2352

Counselor's Handbook. A handbook that explains the theoretical and practical strategies for the reduction of a variety of school anxieties. Designed to be a practical guidbook. 87 pages.

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FORWARD

As an active counselor I do my best to diligently read the monthly professional journals that I receive. I enjoy the ideas presented and the thoroughness of the research studies. It is with respect and envy that I decipher the statistical procedures used and carefully scrutinize the conclusion and discussion sections. Yet all too frequently I wonder what it means for daily practitioners. I also talk with many colleagues who don't spend as much time as I reading the literature because they either don't have the time or have trouble interpreting the technical procedures used.

When faced with the opportunity to spend a sabbatical leave learning more about school anxieties and writing up my findings I thought about all the counselors who had asked me, "Dave, if you ever write up something about all the work your are doing with test anxiety, I would like to read it." They were looking for some "hands on, nuts and bolts" materials, not a research project. It is not denying that the research is critical, but that they need someone to do the translating and place it into practical terms for the counselor to use in his or her daily practice.

I also reflect on the hundreds of students that I have seen with significant problems functioning in school, problems that prevented them from fully achieving their school goals and reaching for their dreams. Many of these students I was able to help, many I could not because I couldn't give them sufficient time or couldn't figure out the combination necessary to help them through the crisis. At the community college you see an incredible cross-section of humanity with a vast range of skills. Some of the students who have the greatest need to achieve in school, have the greatest barriers to hurdle. I can recall with pride the story of the 50 year old woman who came back to school to get a job, but was paralyzed with so much fear of evaluation that her fingers froze when she had to take a typing test. One year later, after significant work, she was able to address a meeting of the entire faculty and share her experiences about returning to school and the support that she received in her enterprise. Or it is with a sense of sadness and failure that I talked with a 30 year old man who was leaving school because his feelings of anxiety were escalating, rather than decreasing. I don't know if he will ever return. It is the faces of these students that I see as I learn more about school anxieties and prepare to communicate my knowledge to others. In the text there are stories and case studies from my students. The names and details have been changed to protect their anonymity.

This book is written for those colleagues who are seeking a practical way to help the students they see on a daily basis. Their students deserve all the assistance that they can get, and learning how to perform in school evaluation situations is critical to their success. If you are looking for a detailed reference guide to conduct research with test or other school anxieties, go directly to the literature instead. The material included is based on a careful and complete review of the literature and 15 years of experience in working with anxious college students of all ages. As the title implies it is a practical guide for counselors who want to learn more about dealing with anxious students. It is written in a manner that each chapter is reasonably self-contained so that a counselor can read and benefit from the chapter. Also referenced in the appendix are supplementary materials used at the College of Lake County that can be purchased for use at your school. It is also written so that you don't have to have a PhD in statistics to understand the technical elements of the treatment. Most of the treatment methods discussed have been around for a long time, nothing is really new. It is simply an attempt to better organize it for the practitioner. I hope that many counselors will read sections and say, "I knew that!", because then it will serve as a confirmation of many of the common sense ideas they are using.

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Fall 1990

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CONTROLLING SCHOOL ANXIETY: A PRACTICAL GUIDE FOR COUNSELORS AND TEACHERS.

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CHAPTER ONE

A DEFINITION OF SCHOOL ANXIETY

> *"I just don't know what happened. I had studied my brains out and when I got to the test and my mind just went blank. Then my stomach started to churn. I couldn't do anything to get going. I was able to answer a few questions, but I just know I failed it. My teacher is going to think I'm crazy, because I always participate in class and understand what is going on."*
>
> *"It has been that way ever since I have been a little girl, I just don't have a mind for math. I can recall having to do problems on the board in elementary school and being embarrassed about it. Now that I am an adult I should be able to put that behind me. But I sat there in class today and got more and more frustrated with myself and wasn't able to listen to the teacher."*
>
> *"I simply won't take that speech class, I just can't do it. My hands shake, I feel like I am going to faint, I start sweating like I am in a sauna. Maybe I just won't graduate and will go to another school where I don't have to take it."*

Counselors in colleges and high schools hear laments like this on a daily basis. Students who get such strong physical and emotional reactions that they simply can't perform in an adequate manner. They may be good students, poor students, returning adults, or almost any classification that you can think of, but they have one thing in common: a school related anxiety that prevents them from becoming successful. That is what this book is about.

It is a handbook for counselors and teachers who work with students who have anxieties about being in school or completing their schoolwork. So it is prepared for all counselors and teachers because it is impossible to be in a high school or college today without working with anxious students. Anxiety is a normal and acceptable form of behavior and every student has some level of anxiety. How many of us can claim that we didn't sweat a little or have some butterflies before our first college exam? Yet for most of us this small level of nervousness is a minor inconvenience that disappears once we get into the task at hand. In many ways this low level of anxiety helps motivate us to work a little harder getting prepared. However, a certain percentage of students cannot shake this nervousness and it can overpower their ability to cope in certain situations. It can also grow unchecked and take over in areas that were formerly unaffected. This is the student with "School Anxieties."

We can operationally define "School Anxiety" by saying that it is a strong physical and psychological reaction to specific situations in school that seriously impairs the ability of the student to perform. Or in more practical terms, it is the student who gets so nervous that he or she can't do well on a test, speech, class discussion, or other performance-related activity. More frequently one will hear the terms: Test Anxiety, Speech Anxiety (Communication Apprehension), Math Anxiety, etc. The more general term of school anxiety has been chosen here because all of these anxieties share some common characteristics, and treatment for one will generalize to treatment for the others. There are, of course some major differences in the treatment strategies to be used for the various types of school anxieties and specific suggestions will be made in Chapter 7. To further define what is meant by a school anxiety let me illustrate by a typical case:

> Andrea was a pretty good student in elementary school, but during high school things went bad and she began to care less and less for school. At 17 and pregnant, she left school to get married. The marriage lasted five years and left her with custody of her son. She worked at a variety of jobs just to make ends meet. Despite her limited education and busy schedule she read a lot and continued her intellectual development. At 30 she decided to take a GED preparation class because a job she wanted (real estate sales) required that she be a high school graduate. She completed the preparation in about six months and passed the GED exam with very high scores. Buoyed by this success and the encouragement of her friends, Andrea enrolled part-time at the community college, taking two business courses. She came to her "Introduction to Business" class for the first exam, not sure if she had studied the material in the appropriate manner. As the test started her hand began to shake and her stomach started to feel queasy. She had trouble reading the questions and her mind went blank on a couple of occasions. When she finally got in control she began to feel the time pressure and her ability to perform deteriorated even more. She went home and cried that night, not wanting to return. All of the bad feelings she had about high school came flooding back and it took all the courage she had to go back to class the next week to pick up the expected "F". Luckily, a sensitive professor wrote on her test paper, "see me after class." He had noted the discrepancy between her in-class performance and the test. He referred her to the counseling center for assistance.

Andrea quite obviously had a strong physical and psychological reaction that prevented her from being successful on her business test--a school anxiety If the instructor had not referred her for additional assistance, she would have been an early semester drop-out who would take years to get up enough courage to come back to school. Or if she had continued in school the intensity of the anxiety could grow from additional reinforcement. From the details described above one does not have enough information to fully prescribe a treatment plan. But for the reader's benefit, Andrea responded very quickly by using some of the following and became a good student: study skills, test-taking strategies, lifestyle management.

General Anxiety

It is useful, also, to consider some general definitions of anxiety because they help to place school anxieties in their proper perspective. Frequently anxiety is equated to a response to a fear producing stimuli. Wolpe (1981) in a book written for the general public, rather than for therapists, tried to explain the difference between useful and useless fears:

> *"Fears may be considered useful when they are aroused in circumstances where there is a real threat; useless fears are aroused when there is no such threat. The contrast is illustrated by the following example. If, walking through a park, I come upon a snarling tiger, the fear I feel is appropriate because there is a real danger. But if, instead of a tiger, I see a small mouse and am terrified by that harmless creature, the fear is useless."*

So in other words, we begin to overreact to certain stimuli. In terms of evolution our bodies and minds are prepared to react to certain stimuli, mobilize our resources, and save ourselves. Yet situations (like certain school evaluations) with only mildly threatening elements, can generate a full blown response. Behaviorist call this process stimulus generalization. So for some reason we have learned to anxious. Sometimes we know the cause, other times we do not.

Beck (1985) begins a definition of anxiety by stating that fear reactions affect nearly every system of the body: physiological, cognitive, motivational, affective or emotional, and behavioral. Treatments must address all these different systems. He in particular notes the cognitive elements in our anxiety reactions. How we interpret the situation around us can lead to further arousal. Fear is the interpretation of a threatening stimulus, while anxiety is the emotional state that results from appraisal of the stimulus. It is also important to note that anxiety serves a useful purpose to us because it is part of the natural arousal and protective systems of human beings that help us deal with threats.

Or another way to express this general definition is to state that fear is external and specific, while the anxiety is ill-defined or from an unrecognized source of danger (Greist, 1986). Anxiety describes an unpleasant state of mental (or psychological) tension often accompanied by physical (or physiological) symptoms in which we may feel both physically and mentally helpless, exhausted by being on guard against an unidentifiable danger. Greist further delineated anxiety by dividing it into spontaneous anxiety, situational anxiety, or anticipatory anxiety. A spontaneous anxiety reaction has a sudden intense onset (such as having the teacher announce a pop-quiz), then the intensity of the reaction gradually decreases over time. Situational anxiety only occurs in particular situations (such as taking math tests). Anticipatory anxiety is one that is triggered merely by thinking about the event (such as thinking about an upcoming test), and starts with a low intensity and gradually builds over time. But regardless of the type of anxiety, the person gets similar mental or physical reactions.

Another common definition of anxiety is the state and trait distinction (Spielberger, 1983). The best way to describe State Anxiety is to say it is a "moment in time," a temporary condition or emotional state that is usually related to a specific situation or stimulus. For example, a usually relaxed person who is nervous about giving a particular speech is experiencing a heightened level of state anxiety. After the speech is over the person returns to a normal condition. Trait-Anxiety, on the other hand, refers to a relatively stable tendency toward anxiety-proneness. A person with a relatively high level of trait anxiety tend to perceive stressful situations as dangerous or threatening and experience a heighten level of anxiety. The trait anxiety also suggests that there are individual differences in the manner in which we react to stressful situations. Persons with high levels of trait anxiety, tend to have high state anxiety more frequently, especially in those situations that involve a threat to self-esteem. When it comes to specific school anxieties, you are generally dealing with the elements of the state anxiety because the reactions of the students are customarily temporary and disappear after the threatening situation is over. State anxieties are also easier to control and tend to respond fairly well to appropriate treatment, students can be taught how to handle taking tests. Trait anxieties are more difficult to deal with because they involve a more stable element of the personality and cause reactions in many more situations. This is not to say that school personnel cannot deal with trait anxieties, it is simply more difficult.

One can also define anxiety by measuring the intensity of the physical reaction (Lader, 1982; Greist, 1986). Physical indicators of anxiety are well known to all persons and include some of the following: muscle tension, increased heart rate, sweating, dizziness, frequent need to urinate, trembling, dryness of the mouth, queasiness in the stomach, rapid breathing, and more. Because these are measurable physical reactions it is possible quantify the intensity or change in these responses through a variety of techniques, such as a polygraph. Studies involving general anxiety may include measures of the physical response because they are reasonably objective. Most other elements are anxiety are much more subjective because they rely on self-reported levels of anxiety by the subject through paper and pencil inventories or questions such as, "Did you feel more anxious?"

The last of our general definitions of anxiety actually comes from the test anxiety literature, but is a useful general descriptor. Liebert and Morris (1967) introduced the idea of breaking down the anxiety into components of Worry and Emotionality. The Worry component refers to the cognitive elements of anxiety, the concerns about our performance. Whereas the Emotionality factor pertains to the autonomic reactions. A great many of the studies in the area of school anxieties reference these two elements.

In summary, the common thread in the general definitions of anxiety is that **you will find mental or cognitive elements as well as physical elements**. So to restate, the operational definition of a school anxiety is: a strong physical and psychological reaction to specific situations in school that seriously impairs the ability of the student to perform.

There are different schools of thought on the relative importance of the physical and psychological factors in the treatment of school anxieties (Hembree, 1988). Various researchers and practitioners have debated whether the treatment should be primarily behavioral to address the autonomic reactions, or cognitive to alter the psychological factors. The debate can even get nasty at times, as seen in the following comments from the "grandfather" of behavior therapy, Joseph Wolpe (1982):

> *"Recently, it has been proclaimed with an air of discovery, that cognitive errors or distortions are, after all, the sole cause of neuroses.... Mahoney has labeled this retrogressive viewpoint 'the cognitive revolution.' If neurotic problems are all due to wrong ways of thinking, then thought correction must always be what is needed to overcome them. While the cognitivists unflinchingly assert that this is the case, it should be noted that in practice they frequently use behavioral procedures such as assertiveness training and systematic desensitization, while they minimize their import....I reject the view that the psychotherapeutic task is a matter of nothing but cognitive correction, both because it is contrary to established facts about autonomic responses, and because it is substantially contradicted by clinical data..." (p.114-115)*

For the purposes of this book, it doesn't really matter which treatment strategy is more important because it is assumed that both cognitive and behavioral strategies are necessary for all students. One factor may be more important, but the relative importance will vary from student to student.

The Physiology of Anxiety

What actually happens within a person while they are experiencing anxiety? Generally, that question is not really important to most school counselors because it is the overt behavior of the student that is of concern. But knowledge of what is happening within the body may provide some clues about the strategies that can be attempted. Now the physiology of anxiety is a complicated subject that cannot be adequately explained in simplistic terms. The body is so complex and anxiety reactions so pervasive that there are a lot of unknowns. Given that caveat, the following is an explanation of what happens during anxiety. In this particular section very little differentiation is made between stress and anxiety. Anxiety is very stressful, however not all stressful situations produce anxiety. Some researchers are looking at the nuances of difference between various physical/emotional states, and this research is critical to new treatment strategies. But looking at these particular differences is not particularly helpful here. So the description used here is of *a general aroused state*, and how that may help or hinder performance in school. One view of anxiety is that the aroused state does not produce the anxiety, but it is the interpretation of that state by the person that causes the anxiety (Lader, 1982).

One of the classic explanations of what happens to a person in an aroused state comes from the work of Hans Selye (1974) on the reaction of humans to stress. Selye used the biological principal that the body naturally tries to seek homeostasis, or an even state. But certain demands and activities produce the need for the body to perform numerous adaptive functions in order to re-establish normalcy. It doesn't matter whether those demands are pleasant or unpleasant, we need to react. This reaction of the body to stressors is described as the *General Adaptive Syndrome* (G.A.S.), which has three stages:

A.) Alarm Reaction.
B.) Stage of Resistance (learning to cope).
C.) Stage of Exhaustion.

On a physiological level it is the senses of the body that perceive a stressful stimulus and the hypothalamus in the brain interprets these stimuli which in turn causes the pituitary gland to secrete Adrenocorticotrophic Hormone (ACTH). The ACTH affects multiple systems in the body, but primarily stimulates the adrenal glands to secrete corticoids. And it is this secretion of the adrenal glands that has numerous effects on the body, including a general arousal. The effects of the stressor will be felt long after the stressor is gone. The ability of the body to react in this manner is critical for survival and a certain level of stress is essential for healthy living, but continuous arousal can have a detrimental consequence for a person and lead to various physical ailments.

The G.A.S. is helpful in explaining a little about the type of reaction that occurs with school anxieties. A certain stimulus (such as a math test) triggers an alarm reaction (A.) which triggers the stage of resistance (B.) where the student applies all available positive or negative coping strategies to deal with this alarm reaction (studying hard, avoidance, concentration during testing, etc.), and after the test just wants to go home and take a nap (stage of exhaustion, C.).

The idea of an automatic sequence of reactions as suggested by the G.A.S. is a useful introduction to the role of the Autonomic Nervous System with it's two main sub-systems: The Sympathetic Nervous System (arousal) and Parasympatheic Nervous System (calming). Most organs in the body have nerves from both the Sympathetic and Parasympathetic systems. The effects of the two systems are general reciprocal, however, certain organs can be stimulated by both. The best way to explain the systems is the list the effects of both (Bloom and Lazerson, 1988; Fuerstein, Labbe and Kuczmierczyk, 1986):

Sympathetic. This system is stimulated through the release of norepinephrine, which acts as a neurotransmitter. Which means that it enables signals to be transmitted from one nerve ending to another. The higher the concentration of norepinephrine, the more the particular organs are stimulated. In general, this system organizes the body for "fight or flight." Specifically the system has the ensuing effect on particular organs:

Pupils are dilated and the ciliary muscle relaxes to accommodate better distance vision.

The heart rate is accelerated and the intensity of muscle contractions is increased to raise blood pressure.

Blood flow is shifted toward large muscles and the brain, with less going to the skin and digestive tract.

Gastrointestinal motility and digestion are decreased.

The muscles around air passages relax, allowing more air to pass, the breathing rate increases which in turn increases the percentage of oxygen in the muscles and brain.

The liver and fat cells are activated to release more glucose and fatty acids, the body's natural fuels.

The Pancreas secretes less insulin, allowing the brain to use a higher percentage of glucose since it does not require insulin to utilize the glucose.

The Adrenal glands secrete additional adrenalin (norepinephrine and epinephrine) into the blood stream for more widespread effects.

Perspiration increases and when combined with the constriction of the blood vessels of the skin produces a "cold sweat."

Some of the overall effects include increased oxygen to the heart, brain and muscles; increased lactate (by-product of the metabolism of glucose in the muscles) in the heart and liver; increased glucose to muscles heart and brain.

The overall factors are important because certain clinical studies (Mathew, 1982; Pitts, 1982) suggest that increased levels of oxygen in the brain and lactate in the muscles are associated with conditions present when persons are having anxiety reactions, and in some cases the introduction of these elements were able to trigger anxiety reactions in anxiety-prone patients. One can also see that the release of high levels of glucose could result in a hypoglycemic (low blood sugar) reaction if the reserves of a person are poor due to limited food intake.

Parasympatheic. This system sets the body up for rest and recuperation, using acetylcholine as the neurotransmitter. The effects resemble the state of inactivity following a large meal.

> Pupils constrict and ciliary muscles contract to accommodate near vision (making it easier to read a book).
>
> Respiration is decreased and muscles contract to limit air flow.
>
> Increased blood flow to the intestinal tract, and digestive processes are increased (necessary to restore blood sugar levels).
>
> Heart rate is reduced and blood pressure decreases.
>
> Perspiration returns to normal function.

If one is intending to run a race or flee from a robber, sympathetic activation in the body is very functional. However, if one is to pursue a relatively complex mental task like take a test, an extreme reaction is not very helpful. It can be said that behavioral efficiency is an inverted U-shaped function of arousal (Mathew, 1982), both high and low levels of arousal being associated with behavioral inefficiency. In short, too little or too much arousal will interfere with school performance.

Within the autonomic nervous system there are two main types of nerve receptors: Alpha-adrenergic and Beta-adrenergic. The alpha-adrenergic receptors are associated with those functions that are inhibited during sympathetic activation, while beta-adrenergic receptors are associated with functions that are stimulated during sympathetic activation. Or in other words, the beta-adrenergic nerves are the ones stimulated with the release of adrenalin (epinephrine and norepinephrine). This is important to note because some treatments for anxiety (Pitts, 1982) revolve around the use of drugs that are called, "Beta-Blockers." In general, these drugs inhibit some of the physiological reactions associated with arousal (rapid heart rate is the most evident), so a person receiving a beta-blocker will not have as strong of a sympathetic arousal and will not interpret bodily cues as the onset of an anxiety reaction. Beta-blockers are also used in treatment of other medical conditions related to sympathetic arousal, not just anxiety. There are numerous other drugs that are used in the control of anxieties, but the probability of these being used with normal school anxieties is quite remote. Drug therapy should only be used under the careful supervision of an MD and is normally only applied for severe anxieties, and school anxieties do not fit the classification of severe.

Other Physiological Considerations. There are some other physiological issues that require comment relative to school anxieties. The first relates to work in the area of blood flow in the brain. In the previous section on the autonomic nervous system, it was mentioned that during sympathetic activation there is increased blood and blood sugar flow to the brain. One would believe that this would help the anxious student perform. Yet anyone who has been school anxious knows that a common reaction is, "my mind went blank!" Why does this happen? One possible explanation comes from work on where the blood goes in the brain.The difficulties involved in measuring this accurately are substantial and studies are frequently contradictory. But in an attempt to summarize numerous studies, Mathew, Weinman, and Claghorn (1982) came up with a tentative hypothesis that you can differentiate between psychic (mental) and somatic (body) anxiety. The psychic anxiety is associated with increased blood flow to the cerebral cortex. While the increased sympathetic tone associated with somatic anxiety will result in reduced blood flow to the cortex, with the blood going to central brain functions. Which means that worry or mental anxiety alone should result in increased blood to the portions of the brain associated with complex thinking. But if general body arousal is involved, the blood in the brain will go to the centers that regulate physical reactivity, not thinking. A potential conclusion from this is that heightened physical arousal will inhibit the ability of a person to think straight.

A second special consideration is the work that has been done with hyperventilation in patients with panic disorders (Wilson, 1986). In sympathetic arousal the rate of breathing is increased because a higher proportion of oxygen is needed. If you are jogging, your body needs this increased oxygen and the appropriate level of carbon dioxide is produced as a by-product of metabolism in the cells and expelled via the lungs. But if you are sedentary and you breathe at this same rapid level you will start to hyperventilate, meaning there is a higher proportion of oxygen and not enough carbon dioxide. The balance between the two is necessary to have the correct level of metabolism, too much oxygen will mean a higher level of activity in the muscles (arousal). Over time, the hyperventilation becomes a trigger to start a panic attack because the person will feel like he or she is going to faint, or will have trouble breathing. Patients are taught how to do lower chest breathing (diaphragm) which tends to keep the carbon dioxide in balance, rather than engaging in rapid upper chest breathing that tends to increase oxygen. The lower chest breathing becomes a trigger for parasympathetic stimulation and inhibits the panic attack.

The third area relates to the discovery of certain elements in the central nervous system that have natural calming effects, and are called endogenous opiates. These include endorphins which appear to be produced following stressful events, and

Gamma-aminobutyric acid (GABA) which is a neurotransmitter. The format of this book does not lend itself to a full discussion of these substances, nor do the biochemical skills of this author permit a full understanding. But suffice to say, this is likely to be and area of fruitful future research that may generate new ways to influence inappropriate emotional and physical reactions (Molinaro, 1986; Enna, 1982).

In summary, the physiology of anxiety is that of a heightened state of physical arousal stimulated by the elements of the sympathetic division of the autonomic nervous system. How one interprets that physical state determines whether it is anxiety or simply an appropriate state of arousal.

The Cognitive Elements of Anxiety

The physical elements of anxiety are hard to explain due to the complexity of the human body, the cognitive elements are hard to explain, but for a different reason: you cannot really measure cognitions. To understand cognitive processes one must attempt to create psychological constructs that lend themselves to indirect measurement. There is greater disagreement in this area then in the physical. The range include persons such as Wolpe (1969, 1982) who appear to care very little for the cognitive elements, to Ellis (1975, 1977) who places almost exclusive emphasis on the cognitive. The purpose of this section is to explain the basic schools of thought of those researchers who believe that cognitive factors influence anxiety. From this author's perspective there are three main perspectives: **Skills Deficit, Cognitive Processing Deficit or Faulty Thinking, and the Misinterpretation of Data**. In reality all three of these perspectives generally accept the views of the others, so they should be considered complementary, rather than totally unique. In later chapters suggesting treatment approaches, the cognitive view will be explained again.

Skills Deficit. This particular explanation suggests that the anxiety is a result of the person lacking the skills to satisfactorily perform the desired behavior. It is reality based. For example, a person with limited experience or training in public speaking realistically should be nervous if asked to speak to a large gathering. After some instruction and practice in speaking skills the anxiety should be reduced. The skills deficit approach is by far the most common strategy used by schools to conquer things such as test, math or speech anxiety. It is a rare school that doesn't offer classes in how to study or worshops on test taking, time management and a myriad of study skills. Basic classroom instruction is skill development to enable students to master new material and perform in new situations. For the vast majority of students this is all that is needed. Another way is labeling this is to call them Academic Coping Skills (Ottens, 1984) and work with the student to identify the skill deficiencies and develop a repertoire of coping skills to apply to particular situations.

The skill deficiency model is also used in general anxiety reduction through things such as: assertiveness training, teaching people how to use things like public transportation, teaching cue-related relaxation, practicing verbal social interactions, etc.

In general, the skill deficiency approach assumes that the person is reponsible for his or her own behavior and can learn new ways to function that will lead to success.

Cognitive Processing Deficit or Faulty Thinking. The cognitive processing deficit approach suggests that our thought processes get in the way and produce the unwanted feelings or behavior. For example, if I believe that I am a crummy student and never do well on tests, I probably won't do well. The most well know proponent of the cognitive processing approach is, of course, Albert Ellis. His Rational Emotive Therapy (RET) presumes that it is irrational thinking that sets off a chain of mental reactions that in turn produces the unwanted behavior. By becoming aware of our faulty thinking, challenging these illogical thoughts and replacing them with more logical thought, we can change how we think and act. Ellis' prolific writing and active professional life has helped to make this a well-known and often practiced approach. Literally thousands for persons have adopted many of his approaches and have built variations off this basic theme. Next to the skills deficit approach and systematic desensitization, this is probably the most popular approach taken with students who have school performance problems.

Misinterpretation of Stimuli. We view the world through our own "filters." Our senses input information, but our brain provides the interpretation and attaches meaning. Sometimes the meanings we attach are inappropriate and can create problems. By a more correct perception of reality we can prevent the problems from happening. Aaron Beck (1985) cites an example of a man who while skiing began to have shortness of breath and felt faint (not uncommon at high altitudes). He turned that into a full blown panic attack through the belief that he was having a heart attack and could never get to the hospital in time. As related to school situations, a student may perceive that a particular teacher is deliberately trying to make it hard for him, when in fact the teacher is trying to challenge the student. The basic treatment strategy is to make the student more aware of his cognitive processes and the images that he is creating in his mind, then supply correct information so that an improved perception can be made. This could be as simple as explaining the reality of the situation to a person. Or as complex as having the person do extensive reading, data gathering, and practice.

Summary

In this chapter school anxiety has been defined as a strong physical and psychological reaction to a specific situation that interferes with the ability of a student to perform in school. The physical condition is one of arousal as stimulated by the sympathetic portion of the autonmous nervous system, and this arousal is counterproductive to clear thinking. Some of the mental reactions include self-doubts or interfering thoughts, as well as lacking some of the necessary academic skills.

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CHAPTER TWO

ASSESSMENT OF SCHOOL ANXIETY

This is the first of several chapters that are designed to be practical guides for counselors and teachers who are working with school anxious students. This one deals with the area of the assessment of school anxiety. In many ways it is appropriate to ask, "Why do I really care about assessing this? If the student says he or she gets nervous, I believe it, and we go on from there." That is true, generally a very formal assessment is not necessary since in school setting one is usually dealing with very functional individuals who provide reliable self-reports of their own experiences. And it is these student self-reports that are the backbone of nearly all anxiety assessment in schools. *Ask the person what they are experiencing and they will tell you!* The interpretation of what is said by the counselor or teacher becomes the assessment. Whether the assessment is formal or informal depends on the needs of the situation.

Types of Assessments

There appear to be three main types and purposes of assessment: a.) Clinical Assessment. Although the word "clinical" may seem too medical for some school people, this type of assessment means gathering information to determine the type of treatment to apply. Or in other words, "How are we going to help this person?" This is by far the most commonly applied assessment, and in many cases counselors and teachers do this almost unconsciously. The most frequent medium is to interview the student and ask appropriate and probing questions. In some cases psychometric devices may be used in conjunction with an interview. b.) Evaluation of Treatment. We often need to know whether or not what we are doing is effective. This too may be as informal as asking the student, "How has this helped you?", or could involve a more formal research/evaluation design. c.) Research Questions. It is important that we carefully study the various psychological and behavioral constructs related to school anxiety. Research designs generally contain more carefully constructed assessment tools so that results can be compared to other studies and confounding variables eliminated.

Persons working with students on a daily basis in school rarely have the opportunity or resources to conduct research. However, they can benefit from the results of the investigations. Many of the tests being used to identify the types and intensity of school anxiety have come from studies trying to analyze the various psychological constructs. And an awareness of what is available can be an invaluable asset to a counselor or teacher. In this chapter several different tools are suggested, however, it is certainly not a comprehensive list. Scores of different assessment are available, many with very specific purposes that could fit into your needs. Do not limit yourself to the tools suggested here.

Sample Clinical Screening Interview

As mentioned in the introduction, one of the primary assessment devices is the clinical interview, simply asking the student some questions to determine a treatment plan. The following is an example of the interview strategy used by this author with students at a community college. The sample is for students who are having difficulty with test anxiety, but could easily be adapted to other forms of school anxieties.

The primary purpose of the interview is to determine if the student needs to get involved in a group or individual experience involving systematic desensitization, or whether there are things the student can do without continual intervention. So the interview generally progresses on a priority basis with those items under the control of the student attempted first. Meaning, that if the student is simply not spending adequate time studying, he or she will first be asked to study more (and keep track of the time), before automatically placing him or her in a systematic desensitization group. Another underlying assumption is that usually there are multiple causes of a student's test anxiety, and it is this combination of factors that needs to be addressed. The goal of the interview is to uncover these factors, bring them to the awareness of the student and the counselor, and mutually develop a plan to deal with them.

INTERVIEW CONTENT

A.) Behavioral Description.

The student first needs to describe in detail what happens when she or he takes a test. They need to identify how their body felt and what was going through their mind. The tendency is to place blame on external sources, such as the teacher. For change, it is essential that they have an understanding of their reactions. It is helpful for the student to focus on a particular test or incident.

Typical questions:

Tell me what happened during your last test?

What did your body feel like? (They usually say, "Nervous." What does nervous feel like to you?)

Did you feel like you were going to get sick to your stomach?

Has this ever happened before and does it happen in situations other than testing? When do you first recall it happening?

What was going through your mind, what were you saying to yourself?

How did you feel when the test was over? Did you think you had passed?

On occasion a student will have some difficulty recalling the events of a particular test and describing them in behavioral terms. If the student really gets blocked have him or her get very relaxed and then you provide a mental image of a particular testing situation. Immediately afterward, write down what the student felt and thought during the mental imagery.

B.) Study Routine.
(See the Chapter on Study Skills for more detail.)

Frequently students do not know how to study effectively or simply do not devote adequate time to it. The objective of the interview at this point is to gather detailed descriptions of what the student is doing to prepare for tests and complete assignments. One common response by students is to say, "I read my textbook." Try to get past this statement into how the student is reading and whether he or she is using active reading techniques, such as outlining or writing down questions.

Typical Questions:

Describe in detail what you do to get ready for a test.

When you say you read your textbook, how do you read?

Do you ever use tutors or study with others?

How much time do you spend per day (week) studying?

Where and when do you study?

Do you find that your mind wanders while you study? What do you do when that happens?

As you are studying, are you aware of any self-talk or things you are saying to yourself?

Possible treatments if this is a problem area:

Referral to a study skills class.
Tutoring or individual instruction on how to study.
Referral to a reading skills class.
Encourage the use of a study group or study buddy.
Request that the student spend more time studying, and that he keep a time log.
Directly teach the student study strategies you have used effectively.

C.) Test Taking.
(See the Chapter on Study Skills for more detail.)

Frequently students lack experience in taking complex tests, or in the type of test he or she may encounter in a college setting that requires considerable independent thinking. In the case of returning adults, it may have been a considerable length of time since a test was taken. The goal of the interview is to determine if the student has a effective test-taking approach, or are certain behaviors getting in the way.

Typical Questions.

Describe the process or strategies that you use when you take a test.

Are there particular things you do with multiple choice tests? Essay Tests?

Do you skip questions?

What to you do when your mind goes blank?

What do you do just prior to the start of a test?

Possible treatments if this is a problem area.

Referral to a study skills class or test taking workshop.
Tutoring in test taking skills.
Have the student complete lots of practice tests.
Have the student create the tests him or herself by using chapter reviews or writing questions directly from the text.
Provide individual assistance on test taking strategies that you have used.

Encourage the student to adopt a deliberate test taking strategy such as skipping questions that don't result in immediate recall.

Teach the student a quick relaxation method (deep breathing, cue-controlled, images, etc.) that can be used just prior to or during a test.

D.) Lifestyle Considerations.
(See the Chapter on Stress Management for more detail.)

Problems in diet, general health, and living situation can negatively impact school performance. School anxious students in particular seem to be more sensitive to dietary problems and stressors at home. These students may not have any more stress or dietary problems that other students, it is just that their predisposition to test taking problems makes them more vulnerable to other factors. The goal of this stage of the interview is to try to unearth any problems that can be changed or modified. In some cases one discovers some problems that cannot easily be controlled by the student. For example, maybe the student's spouse just died or has a severe illness. Treatment will simply be time and support, not a quick remedy.

Typical Questions.

Describe what and when you have eaten in the last 48 hours. Is that typical?

How much sleep do you normally get and what is the nature of your exercise routine?

Have there been any major changes occurring in your life recently? Describe these.

Describe your living situation. Who is there, what kind of pressures or support do they provide, is there encouragement and understanding about your going to school?

Do you have any physical conditions that could possibly impact your school performance? Are you taking any medications for this condition?

Possible treatments if this is a problem area.

Get the student to eat regular meals throughout the day, especially breakfast. A balanced diet from all food groups is essential, emphasizing: proteins, fresh fruits and vegetables, and whole grain foods. Decrease things such as: caffeine, sugar, salt, and alcohol.

Discuss the components of a healthy lifestyle, including how to get involved in regular aerobic exercise.

If there are major changes occurring in the student's life (death in family, divorce), suggest regular counseling to assist in adjustment.

Discuss how to renegotiate responsibilities within the family. For example, Mom is now in school, things aren't the same as they used to be, how can we change?

Gather information from a physician providing treatment for the student, ask for any possible side effects from medication.

Refer the student for a physical.

Teach the student some techniques about how to put regular relaxation into their lifestyle: deep muscle relaxation, deep breathing, fantasy, taking walks, meditation, hot baths, etc.

E.) Referral for More Treatment.
(See the Chapters on Systematic Desensitization and Specific School Anxieties for more detail.)

If it appears that the student is studying relatively well and has lifestyle issues in reasonable control, yet is still getting strong physical and emotional reactions in testing situations, then he or she probably should get involved in either a test anxiety group or individual counseling. The treatment would probably involve systematic desensitization and/or cognitive therapies. In some cases you may wish to start the student right away in the treatment group, even if there are also study and lifestyle issues that also need to be controlled.

In summary, the sample clinical interview is a way to get at the sources of anxiety for the particular student. Given the time and logistical limitations of student and educators in schools, it is not possible to place all students who hint at anxiety problems into a class or individual counseling. An interview like the above is designed to uncover potential activities that the student can pursue without direct professional intervention. This also gives the student a sense of empowerment and responsibility over the anxiety. That in itself is a potent treatment method.

Standardized Anxiety Assessments

There may be cases or situations where it is preferred or necessary to utilized one of the many standardized assessment devices to measure a particular school anxiety. This is particularly true when it is necessary to conduct a formal evaluation of the success of treatment or if trying to analyze the presence of a particular psychological construct. Some professionals will use standardized assessments for a particular time early in their work with school anxious students in order to gauge their own assessments of school anxiety, then gradually phase out the use when they have sufficient experience. The following are descriptions of commonly used assessments that one will frequently find in the literature. They are copywritten materials that must be ordered directly from the publishers. It is not an exhaustive list, there are a great many other resources can can be used. It is merely a sampling of instruments that are relatively inexpensive and easy to use. Individual users are encouraged to review other instruments as well.

General Anxiety. The "classic" measure of anxiety that has been cited for years is the "Manifest Anxiety Scale" developed by Janet Spence (1953) by extracting items from the MMPI. It served as a stimulus for a great many studies and other assessments because it relied on self-reports of behavior and was easily interpreted. Although, not a direct product of the Manifest Anxiety Scale, the work of Charles Spielberger in assessing State and Trait Anxiety does bear some resemblance to this earlier scale. The State-Trait Anxiety Inventory (Spielberger, 1983. Available from: Consulting Psychologist Press, Inc. 577 College Ave., Palo Alto, CA 94306) consists of 40 brief statements such as, "I feel calm. I am jittery. I feel satisfied with myself." The person completing the evaluation marks whether the statements apply to him, "Almost Never, Sometimes, Often, Almost Always." Twenty of the questions pertain to "State Anxiety, which is the temporary or transitory condition of feeling anxious. Twenty pertain to "Trait Anxiety," which is the more stable or personality tendencies for anxiety-proneness. The manual contains a good discussion of these constructs with abundant references and a variety of norms.

Test Anxiety. Because of the pervasive nature of test anxiety there are many potential measures. The one preferred by this author is the Test Anxiety Inventory. by Spielberger (1980, available from: Consulting Psychologist Press, Inc. 577 College Ave., Palo Alto, CA 94306) because it attempts to measure both physical and cognitive factors of test anxiety. It measures the constructs of Worry (cognitive factors) and Emotionality (physical response). It is a quick screening device because it only asks twenty questions and you get a Total score and sub-scores for Worry and Emotionality. Brief statements are provided, "I feel confident and relaxed while taking tests. During tests I feel very tense." and the person is asked to respond by saying the particular statement describes how they feel, "Almost Never, Sometimes, Often, Almost Always." The manual is relatively brief, but contains more than adequate information for users. Norms are provided for several different groups and it would re relatively easy for a person to develop a table of local norms if needed.

Math Anxiety. One of the most commonly cited measures of mathematics anxiety is the Mathematics Anxiety Rating Scale. (MARS) by Suinn (1972, available from: Rocky Mountain Behavioral Science Institute, Inc. P.O. Box 1066, Fort Collins, CO 80522). The MARS consists of 98 statements revolving around mathematical situations or experiences that a person may have. The person then rates whether the particular situation makes him or her feel anxious, "Not at all, A Little, A Fair Amount, Much, Very Much." It is hand scored very quickly and derives a total score. In addition to the total score the author states that it is a useful tool in the construction of hierarchies for desensitization because it will yield a variety situations at different levels. It can also be repeated to measure progress in therapy.

Communication Anxiety. A quick screening device is the Personal Report of Communication Apprehension (PRCA-24). by McCroskey (1982, found in Communication: Apprehension, Avoidance, and Effectiveness. by Richmond V.P. and McCroskey, J.C., Gorsuch Scarisbrick Publishers: Scottsdale, AZ, 1989). The PRCA-24 presents 24 statements from communication situations, "I dislike participating in group discussions. I am afraid to express myself at meetings." and the respondent has to rate whether he or she will "Strongly Agree, Agree, Are Undecided, Disagree, Strongly Disagree." with how the statements apply. It yields a total score and subscores relating to: Group Discussions, Meetings, Interpersonal conversations, and Public Speaking. In addition to the above scale, McCroskey also gives copies of several other scales relating to particular communication anxieties: Shyness Scale, Willingness to Communicate Scale, Writing Apprehension Test, Test of Singing Apprehension, Personal Report of Public Speaking Anxiety, and Communication Apprehension in Generalized Contexts. These scales could be used for research purposes, screening, or for the construction of hierarchies. Detailed norms are not provided.

Science Anxiety. As part of Loyola University of Chicago's Science Anxiety Clinic students were asked to complete the Science Anxiety Questionnaire. (found in: Science Anxiety: Fear of Science and How to Overcome It. by Mallow, Jeffry. Thomond Press: New York, 1981). Students complete a 44 question survey of science related situations and asked to rate how frightened by are by the situations, "Not at all, A little, A fair amount, Much, Very much." Norms are not provided, but it can be a useful tool for a screening interview, or in the development of hierarchies. Local norms could be developed.

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CHAPTER THREE

STUDY SKILLS CRITICAL TO SCHOOL ANXIETY

Study skills are the first of the "cognitive therapies" for the control of various school anxieties and are designed to improve the ability of students to master the content of their classes. Without first learning the material, no amount of relaxation training or other treatment will significantly improve student performance. The single most effective treatment of school anxieties is to first teach our students to be expert and dedicated learners.

Persons who are experts in study skills can skip this chapter after reading the first couple pages. There is nothing presented here that is new or innovative, simply some basic suggestions for skills to teach your students. Someone seeking more detailed instruction in the area of study skills should use some of the excellent references or student textbooks available (Ellis, 1985; Hoehn & Sayer, 1989; Devine & Meagher, 1989).

Four Problem Areas

There are, however, certain problems in particular that plague students with school anxieties, especially test and math anxious students. And it is these specific problems that will be used as examples. The following are some of the special study problems that this author has found in school anxious students:

1.) Problems in Managing and Controlling Time. These students tend to feel that time is controlling them and they can do little about it. They tend to under commit time to school work and waste a lot of time. They feel "under the gun."

2.) Problems in Concentrating and Remembering. Because of the pressures and anxiety, they may not remember what they have read and find they forget things under pressure.

3.) Difficulties in Managing the Test or Evaluation Situations. This includes making a lot of "stupid" mistakes on tests, running out of time, changing correct answers. It may stem from a lack of experience in taking tests.

4.) Lack of Assertiveness and Accepting Responsibility. The tendency is to blame other persons for their lack of performance and not take charge of their own academic performance. They tend to let things happen "to them."

By dedicating time to learning some general study skills and by concentrating on the above areas, most school anxious students can reduce the level of their anxiety and significantly improve performance.

Time Management

One particular problem is that students may not be spending adequate time devoted to study. In a recent survey of community college students about their study and test taking habits this author asked that students estimate the number of hours per week that they dedicate to study. *On the average, the students spent less than one hour per week for each credit hour they were taking!* This is well below the "two hours per credit hour" standard that many educators recommend. And even if this limited amount of time is very effective study (which it probably isn't), it is not enough time to get the job done.

A typical student reaction is "I don't have enough time to get it all done." In some cases this is a true statement, they are over committed. Let me cite the example of Lauren:

> Lauren was a good student who for the first time in her life found herself in a situation where she was not coping very well with school. She was feeling sick often and occasionally panicked when a new assignment was given by her instructor. Her grades were starting to go down and her confidence in herself was waning. Lauren's husband was a marketing representative for a pharmaceutical company and had to travel regularly, leaving the responsibility of home and children (two girls, aged 7 and 9) to Lauren. In addition to taking 9 credits she volunteered time at the children's school, was a girl scout leader and served on a church committee. After keeping track of her time for about a week she discovered she was only spending about 5 hours per week in quality study time, and maybe another 5 hours in "high interference" study. She thought she had adequate time to study, but after analyzing it, she had to make some changes. The following is what was done:
>
> She reduced her volunteer hours at school so she could have additional study time while the girls were in school and she would have no interference. She discontinued the church committee. She and her husband re-negotiated some home management responsibilities. He was not aware of the time pressures that she was encountering. She arranged to have the girls spend a few hours per

week at a neighbor's house with some friends. During school vacation times and between terms she would take the neighbor girls so the neighbors could take trips. She instituted a "family study hour" after dinner. Everyone had to be studying or reading. If they completed the study hour they could have a special treat or watch a favorite TV program. She found that the girls would help more with the dishes because the study hour wouldn't begin until the dishes were done. The longer it took to clean up, the less chance they had to watch TV.

The fundamental step involved in Lauren bringing things into control was the fact that she completed a time log. She wouldn't have recognized her lack of adequate quality study time if she hadn't completed a time log. One of the best ways to complete a log is to first make an estimate of the actual schedule, then keep track of what actually happened. For example, one day of Lauren's schedule:

Day: Monday

Time	Plan	Actual
6-7 am	Wake-up, Dressing	Same
7-8 am	Breakfast, get everyone ready to go.	Same
8-9 am	Clean house, misc.	Cleaning took until 10
9-10 am	Study til 10:30, then get ready for school.	Just got ready for school
10-11am	Get to school.	
11-12noon	Psych. class	Same
12-1pm	Lunch and study with friends	Studied in student center,
1-2pm	English class	Same
2-3pm	Quick study, then to girls school for Scouts	No study had to get ready for scout meeting.
3-4pm	Girl Scouts	Same
4-5pm	Get dinner ready	Same
5-6pm	Have dinner, dishes	Dinner, et.al lasted until 6:30
6-7pm	Relax	Talked on the phone.

7-8pm	Study	Same
8-9pm	Get girls to bed and ready for next day	Same
9-10pm	Study	Didn't get started until 9:30
10-11pm	Relax, get ready for bed	Didn't get to bed until 11:30

It was by analyzing this schedule over several days that Lauren began to develop some strategies for coping. A wide variety of similar schemes can be developed depending on the person, but the key is to get a handle on what is actually happening, rather than what the person believes is happening. With adequate information, then appropriate changes can be made.

Another area of concern arises from the fact that many of these students do not develop a careful plan about how to study and what needs to be done. Frequently students will try to remember all of the assignments and due dates in their head, or will only have marginal notes about their plans. School anxious students are more sensitive to "worry" problems and not having adequate plans compounds their difficulties. One way to counteract this is to have them construct a study calendar. Obviously there are many ways to accomplish this and each student should develop his or her own method of scheduling. The following is what this author prefers to teach his students:

> 1. Have students obtain a large monthly calendar with plenty of space to write in assignments for each day. This is preferred over a pocket daily calendar because a person can easily scan several days or even weeks ahead. School anxious students tend a worry a lot and have difficulty tolerating surprises. By being able to glance ahead they are less likely to be shocked to realized that they had completely forgotten an assignment or test. Or when adjustments have to be made in study plans due to personal issues, it is easy to see how to move things around.
>
> 2. When an assignment is given or test announced the student should write that on the calendar, then work backward to the present date with study steps leading up to that assignment. For example, an English paper is due on the 20th of the month and the current date is the 5th. On the 18th it should say: Complete the final draft. On the 16th it should say: Edit the first draft. On the 13th it should say: Enter the first draft on the word processor, etc. Other significant life events should also be written on the calendar so the student can work around these events. Some students may also wish to write more detailed daily calendars or "to do" lists , but for many students simply mapping it out in a general manner is sufficient. The following is a sample a two week section of a simple study calendar:

Sample Study Calendar

SUNDAY	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.
(Week one) Read History	Write ideas for topic in English Review class notes	Math Probs. Chapt 5, 6	Library: Research on Eng. Paper Math Probs. Chapt. 5, 6	Read Chapt.4 Review 4 Sample test Chapt 4, 5, 6	More Library research Sample Questions Chapt 4,5	Read Chapter 6
(Week 2) Outline paper Review class notes. Math probs. Chapt. 7.8	Write first draft. Study with friends	History test Chapt 4,5,6 Review homework 5,6,7,8,	Edit and start typing Math sample test: 7,8	Read Chapter 7 Math test 5,6,7,8	English paper due.	

There are a number of things that a study calendar of this sort accomplishes. First of all it forces a student to set study goals for the day, there is a general plan of what must be completed that day. It can be very rewarding to check items off the calendar or daily plan as they are completed. Students can be encouraged to reward themselves in some manner when they achieve a goal. Another subtle, yet very significant benefit, is that it enables the student to focus on the present. Students who do not fully write down future assignments constantly worry about all that has to be done. A student with a schedule only needs to worry about today, and for a school anxious student this is essential. When the study goals for the day are satisfied, the student can go to bed or to another activity with a clear mind and conscience. Dave Ellis in the Master Student course (Ellis, 1985) drives home this point with the phrase, "Be Here Now." This concept is interwoven throughout the workbook as a way to encourage students to be fully involved in the present. All too often we are worrying about the future or the past and miss something that is happening now. Forcing the present focus enables a student to more attentive in class and while studying and can therefore study more efficiently.

Concentrating and Remembering

How many times has a student reported to you, "I studied for hours last night and I can't remember anything I studied!" Or, "When I got to the bottom of the paragraph I realized that I wasn't concentrating and couldn't remember what I had read." All of us as teachers and students have shared these experiences and recall that they happened when we were either tired or had our minds on something else. Students who are school anxious have an even harder time with this because the physiological impact of anxiety arousal does make it hard to think clearly and remember. Therefore school anxious students must do a better job of concentrating and remembering than the typical student, because the probability of them having physiological interference is far greater. The following are some of the strategies (from many thousands that are taught) that seem to help school anxious students:

1. Don't Study When Highly Anxious. When in the midst of anxiety reaction or when under a great deal of stress it is nearly impossible to concentrate or use higher level thinking skills. Yet students will respond, "Yes, I get anxious while I study because I worry about all the work I have to do. If I didn't study, then I would get even more anxious." It is a vicious cycle, but students should be instructed not to study at these times. Suggestions could include taking a break and engaging in activities that will reduce the physiological effects of the anxiety: deep muscle relaxation, meditation or prayer, vigorous physical activity, talking on the phone with a friend, etc. Once the physiological effects of the anxiety are reduced, then return to the studies. From a behavioral point of view you don't want to be pairing study with muscle tension, instead you want to be pairing it with relaxation and a positive attitude.

2. Utilize the Science of Learning Theory. Two simple concepts from learning theory can be taught to students: Distributive Practice and Overlearning. Distributive practice means instructing students to spread out their study time over several days in order to give the concepts and facts time to move from short term memory to long term memory. Having short, concentrated study times on regular basis is better than cramming the night before a test. Some students can tolerate cramming more than others, but with the school anxious student it just heightens the anxiety. Overlearning is related to distributive practice because it suggests that many repetitions of a behavior make it more difficult to extinguish--the greater the number of times you repeat a review of subject matter, the greater the chance for remembering it.

3. Use Multiple Senses in Study. While doing the distributive practice the student should be instructed to not simply sit passively and read notes. Using as many senses as possible will help. The student must literally touch it, feel it, smell it, and taste it. This includes: Reading notes aloud, listening to it being spoken, writing and recopying ideas, drawing pictures of concepts, building

models, discussing ideas with a "study buddy" or study group. One fairly simple technique is to write down critical ideas or terms on 3x5 cards, even drawing pictures on the cards if possible. These can be read aloud and reviewed regularly. Concepts can be recorded on a cassette and listened to while riding in the car.

4. Recognize Good and Bad Study Times. Students can begin to track their own "biorhythms" to determine when they are at their best, then plan to the work that requires the greatest concentration at times when they are at their best. For example, if a student finds that she is most alert just after breakfast, then that should be the time to read her most difficult material. If mid-afternoon is a time when it is hard to be alert, then that is the time to do laundry, cut the grass or do a workout. Students can also divide work into "think work" and "non-think work." Non-think work could include things such as review of class notes, going through flash cards, making charts for a presentation, etc. The non-think work can be reserved for times when there is a lot of interference, like studying in the student center or while waiting for the bus. Some students will even try to involve other members of the family, like the man who would have his seven year old daughter quiz him from flash cards while he would make dinner. The work requiring concentration is saved for times when the student can work in a quiet location and is alert. The school anxious student is distracted easily and needs all the advantages possible.

5. Study Less Material. Students often attempt to learn everything that is in the textbook or presented in class lecture. A helpful strategy, especially in classes that involve a large amount of material, is to have the student prepare abstracts of study material. Combine reading and lecture notes into a single summary. Five pages of preliminary notes easily condense into a one-page summary of the critical information. In addition to having a study summary, the student has engaged in the active study process of compiling the information.

6. Utilize Active Reading Techniques. Most colleges and university have semester long classes teaching students to read more effectively, and it is rather presumptuous to provide brief suggestions here. But one portion of the reading dilemma faced by school anxious students is the sometimes inexplicable tendency to not be able to concentrate while reading. Extraneous thoughts keep running through their heads. While studying Algebra, they worry about their English paper. Can this be solved? Not very easily. But one way is to counteract passive study techniques with active study. When asked how they study, students frequently respond in a manner that suggests that the study approach taken does not involve a lot of interaction with the material. Consider the following dialog:

> Counselor: Tell me what you do to get ready for a Psychology test.
> Student: Well, I read my textbook.

Counselor: What do you mean by, "read your textbook?"
Student: (with a quizzical look on his face). I read it. I put the book on my lap, prop up my feet,and begin to read.
Counselor: That's all?
Student: Yes, what else would you do?

Within a couple of minutes, the above student will probably be thinking about something else or minimally alert unless the material is exceptionally exciting.

Active reading techniques require that the student do something else with the material in addition to simply reading it. These include:

Pre-reading or scanning it in advance.
Outlining on separate paper while reading.
Making flashcards of vocabulary or key terms while reading.
Writing sample test questions on cards.
Stopping periodically to discuss it with a study partner.
Rephrasing material in your own words, either on paper or to a tape recorder for playback.

In many ways it doesn't matter what kind of strategy is used, as long as the student doesn't just sit and *"read."*

Improving concentration does require significant behavioral change because you have to work against long established habits. However, a little bit a success in this area can encourage more change. If a student performs slightly better or feels better during a test following a period of time of trying distributive practice, then he will be much more likely to also attempt other strategies.

Managing Test Situations

Some people seem to have a "knack" for taking tests, they know how to figure out questions and seem to relish the opportunity to show off while taking tests. I recall a professor in a "Tests and Measurements" class telling a story about a test-wise person taking a test in a foreign language that he barely knew, yet earning a passing score because he had an effective strategy. School anxious students know all too well that there are people like this, and it frustrates them even more. But by teaching our students a few of the "tricks" about managing test situations, they can improve their performance, even if it is only a couple of points at a time.

The easiest way to improve the test taking skill is to have students take practice tests. When possible, these practice tests should be directly related to the actual subjects studied. The tests can be obtained in a variety of ways: publisher made sample tests, previous tests from the instructor, review questions at the end of the chapter, test questions written by the student as part of a study routine (the method preferred by this author). Students are then instructed to pretend it is an actual testing situation, set up a clock and go. In addition to practice at taking tests, it is a good study check to determine which areas need more work. Sample tests work well with study groups because the tests can be "graded" and discussed by the group.

One of the most common complaints of test anxious students is that, "I got worried about the time. I didn't think I could get it done on time, so I hurried, got more nervous, and really blew it." Because of the hurrying some mistakes are made on questions that probably could have been completed successfully. So the first thing students need to be taught and practice using is a time management strategy, including the following:

1. Set a Time Budget. This means glancing through the test and estimating how much time is available for each section. Now this can backfire when a test-anxious student calculates that a 100 item test in a 50 minute class period works out to 30 seconds an item, but generally instructors give tests that can be completed in a reasonable time period. Setting the time budget prevents a student from over expending time in one area at the expense of another.

2. Develop a Skipping Strategy. At times our mind set dictates that we complete one question before moving on to the next, and this pattern is hard to break. But if a student goes in with a deliberate plan, then the probability of actually skipping questions goes up. Students can then be instructed to follow a pattern something like this:

a.) Read the test question. If you immediately recognize the answer or how to complete it, go ahead and answer the question. Under no circumstances should you ever return to this question. Go to the next question.

b.) If you think you know how to do it, go ahead and give it a try. If you are unsure of your answer when completed, put a "?" next to the item number. You will return to this question if time permits.

c.) If you don't have the slightest idea how to proceed, place a "--" next to the question and skip it. You will return to this question if time permits.

d.) Once you have gone through the entire test and answered as many questions as possible, then go back to the items with a "--". These are the ones that were skipped completely. Sometimes in the process of taking a test your thoughts will be triggered and you can now answer these. Answer as many as possible.

e.) After going through the skipped items then look at the ones with a "?" Change these answers only if you have a strong reason. You probably got it right the first time.

3. Use the Entire Time. It is quite intimidating to have the smartest student in the class complete the test early and walk out, this sometimes will unravel a test anxious student. One way to counteract this is to start with the mind set to use the maximum time allowable, and plan to be the last student out the door. This is especially helpful if the student is one who is a constant clock watcher.

In teaching the test time management strategies it is best to demonstrate them, then give the student adequate opportunities to practice them until they become automatic. Without the practice, the student probably will abandon them during the stress of the testing situation.

One of the next skill areas in taking tests is to learn how to look for key words in the question and directions (how often do students make major mistakes by not reading the directions). These key words can change the entire meaning of the question if misinterpreted. An anxious student in his haste may skip or misread certain sections. Teach this student to underline the key words in pencil to keep his attention focused on what is really essential. If it is a multiple choice question the key words in each alternative will determine whether that choice can be eliminated. Consider the following sample question with the key words underlined:

Test anxious students often have their minds go blank during a test. Which of the following is the best explanation for this phenomenon?
("minds go blank" is the construct being requested. "best explanation" suggests that there could be more than one answer that has some element of truth.)

a.) In preparing for the test the student has tried to remember too many facts and the brain can't handle the information overload. (This suggests that the information going into the brain is the problem, possible, but not very likely)

b.) Most test anxious students have poor study habits and don't know the material. (Word "most" makes this an absolute type of statement, which is very hard to make true, even though it may be a portion of the answer)

c.) As a result of the excited physiological state there is reduced blood flow to certain parts of the brain, interfering with the thinking processes. (The blanking described in the question is an internal brain process, this is the only item that is internal, making it the correct one.)

Some study skills or test taking texts will spend a great deal of time analyzing the nature of certain words in questions and how they impact the correct response and this may be helpful to many students. However, a lot a students will not spend the time to become sophisticated test takers. The simple step of underlining is designed to keep their attention appropriately focused, what they do with the question is left up to their own cognitive processes.

One final area in test taking worth noting is how to better organize responses to essay questions. As a teacher I have had to correct student essays that had a great many cross-overs, arrows pointing to another section, notes in the margins, and other confusing scribbles that have frustrated me and demonstrated that the student did not use any planning in the development of the essay. Test anxious students in their haste will quickly start writing an essay, only to learn that they have forgotten something important. Or they will freeze up and not know where to start. One relatively simple strategy is to have the student read the question and first write a short outline of the response before writing the final essay. The advantage of this approach is that is forces the student to think through the entire essay before writing and gives the teacher a preview of what to expect in the essay (after reading piles of essays most teachers would do anything to have their student do this because it makes grading so much easier). The following is an example of this strategy:

> Explain the reasons why AIDS appeared to suddenly come out of nowhere and generate so much fear and resentment in the general population.

OUTLINE: Intro: What is AIDS.
How is it Spread.
Why it "appeared so suddenly"
Body: Explanations of population reaction
Homosexuality
Fundamental Religious beliefs
Lack of accurate information.
Conclusion: Restatement, possible solutions.

> *AIDS or Acquired Immuno Deficiency Syndrome is a disease that disables the body's natural defense mechanism against infection and other diseases. At the present time it is believed that is can only be spread through the direct exchange of body fluids such as blood or semen............*

Completing the short outline gives the test anxious student a few minutes to settle down prior to starting the essay and forces him or her to operate in an orderly manner. And even if a student runs out of time and only has a portion of the essay completed, the instructor may give the student some credit based on the clarity of the outline. It is also a relatively easy technique to remember and master.

Assertiveness and Lack of Responsibility

Of the four main study problems highlighted in this chapter, this is the most difficult to explain and develop strategies for change. Just like the passive stance taken in reading, many school anxious student tend to accept passive roles as students; they let things happen to them, rather than taking charge of the learning situation. Manifestations of this include: blaming the teacher for their learning problems, a fear of negotiating with the teacher or developing a special learning contract, a desire to quit rather than continue to fight it out.

This passiveness may be the result of a realistic assessment of their learning performance to date. Years of learning problems and failures tend to erode one's confidence. The counselor or teacher's role is to work with the student to create some successes or at least the illusion of making progress. At times a "placebo effect" is operating when the student finally takes some steps to correct the problem, he or she begins to have confidence again, starts taking more aggressive action, and the success begins to snowball. But the key is to make the student believe that he or she does have some control over the learning situation. The following are some steps that can be taken:

1. Teach the student how to negotiate a special learning contract. Many students do not understand their options as learners and totally accept what the instructor requests that they do. However, some students who have problems taking tests or giving oral presentations may wish to try to set up options to those methods of evaluation by negotiating with the teacher. It is possible to arrange: a paper instead of a test, extra credit assignments, the option of taking the test in a neutral testing center rather than the classroom, an essay exam instead of a multiple choice, etc. It is adviseable to practice the negotiating with the student prior to presenting the option to the instructor.

2. Try cognitive restructuring techniques. There may be some faulty thinking involved because of all the years of school anxiety the student has experienced. By replacing the negative thoughts with positive ones the student will feel more in charge of the learning situation. Have the student recall (or imagine while in a relaxed state) a particular school situation that made her anxious, and record the self talk. For example, the following would be the example from a test anxious student who is having trouble in math who reacted when an instructor made an assignment from a new chapter:

> "That a turkey! How can he give us a new chapter when he hasn't taught us anything from the first one? If I weren't such a dodo I would have dropped this class the first week and taken it from Dr. Jones. At least he will work with a person, this guy won't. I won't be learning anything."

The tone of this self-talk is that the instructor is reponsible for the learning, not the student. In order to think more positively and accept responsibility for ones own success, the student will need to change her thinking into expressing the belief that she controls the learning situation. Through counseling, speaking, writing them down and listening to them, she can change her thinking into something like this:

> "I don't like this guy, but at least I can put up with him. Maybe it is best that he doesn't explain everything that happens in class, that at least gives me the incentive to try out some new problems and learn from them. I know that if I continue to do my homework I will do a good job with this class. With the textbook I can practically teach myself."

This self-talk will certainly not guarantee success for the student, but it does increase the probability that he or she will believe that they control their own destiny.

In summary, this chapter on study skills was not attempting to cover all the variety of items and strategies that can be found in a semester long study skills class. Instead it was attempting to highlight four particular problem areas characteristic of school anxious students: Managing and Controlling Time, Concentrating and Remembering, Managing the Testing Situation, and Assertiveness and Accepting Responsibility. Persons needing more detail information on study skills should be referred to a study skills class or text.

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CHAPTER FOUR

SYSTEMATIC DESENSITIZATION AND OTHER BEHAVIOR THERAPIES

The most popular approach to the reduction of school anxieties has been "systematic desensitization by reciprocal inhibition." I have found that students love to hear this phrase and impress their friends by saying that they are experiencing it. In simplistic terms it is a step by step breaking down of fears (systematic desensitization) by relaxation preventing the physiological response of anxiety (reciprocal inhibition). If the physiological response is inhibited, then the person will not be able to feel anxious because the intensity of the physical cues are no longer present. Also inherent in this approach is the belief that anxiety is a conditioned response. Somehow we have learned to be anxious in certain situations and a particular stimulus (i.e. a test situation) will evoke the complex chain of behaviors that we call anxiety. If we can de-condition a person to that stimulus then we can break the automatic sequence of behaviors leading up to the anxiety reaction. Frequently the anxiety can be a result of a single traumatic event that evoked a very strong physical and emotional reaction, such as being ridiculed in front of the entire class in second grade for messing up a spelling test. Or from a gradual reinforcement over time from always doing poorly on math tests.

The purpose of this chapter is to provide a "how to" guide for conducting systematic desensitization. However, it should not substitute for a thorough knowledge of the theoretical constructs involved in this process. I strongly recommend that prior to trying out this process that you read one of the "classic" texts on the approach (Wolpe, 1982; Krumboltz and Thoresen, 1976) and that you observe and have contact with someone with experience conducting this type of therapy. It is relatively easy to do, but consultations with others can help a great deal.

When some people first encounter this therapeutic approach they consider it very elaborate and don't realize that they probably have done it on themselves or with someone in their family. Let me cite the following example from my family:

> When my daughter was six she was taking swimming lessons through the local park district and the lessons were conducted at a beach area that was an old quarry. There were small fish in the water that occasionally nipped the swimmers. One day I noticed her sitting on the sand while the rest of her class was in the water having a great time. After some coaxing she told me that she had been bitten by a fish and was afraid to go back into the water, in fact she was never going into the water again. I was tempted to just throw her in the water and say, "they won't hurt you!" (emotional flooding therapy?). But instead I decided to take a more cautious approach. Later that day just she and I went to the beach. We sat on a bench about 100 feet from the water and just visited for a while until she was comfortable. Then we moved a little closer and built a sand castle until she was relaxed about being close to the water. Then we walked along the beach with our toes in the water until I could tell she was still feeling relaxed. Next, I sat in the water with her on my lap. We sat there until we could see a couple small fish swim by and she could see just how small they were and until she felt safe. After that we played a game with me throwing her a few feet away and making a big splash. Before long she was going on her own and having fun, no longer afraid of the fish.

Nearly every parent has conducted this type of "therapy" with their children, and the systematic desensitization approach isn't much more complex. It is an approach that is easily learned and applied. It can also be used in combination with other types of treatment. In this chapter three type of desensitization approaches will be discussed: a.) Traditional desensitization given on an individual basis through the use of mental images. b.) In Vivo desensitization which involves directly experiencing the fearful situation. c.) Variations of desensitization by using group methods or audio tapes. The first approach will be discussed in greatest detail because the other two are variation of the traditional desensitization approach.

Traditional Desensitization

One of the common ways in which we deal with our fears on a day to day basis is to face them. For example, if we are afraid of meeting new people, we tend to eliminate that fear by forcing ourselves to be in situations where we are likely to encounter new people. If we were to run away and totally avoid these types of situations it would strengthen the intensity of the fear and the control it has over us. In his clinical practice Wolpe (1982) found that some fears were so great that people couldn't even begin to approach them without getting tremendous anxiety reactions. So prior to approaching the real source of the fear he would have the person imagine the real situation and gradually work up to an actual encounter. He found that persons who had gone through this imaginary process had reduced levels of anxiety once they came to the real situation. From these observations the systematic desensitization through mental images approach was developed.

Although initially designed for severe phobias it has been very popular in schools, particularly in the reduction of test anxiety. For many types of school fears it is possible to directly confront the fear through exposure in the classroom, but that is harder with tests because the student can't get the "real test" until the day of the exam, they can only surmise what is on it. So the element of uncertainty heightens the reaction. Over time they develop an almost automatic reaction to any test.

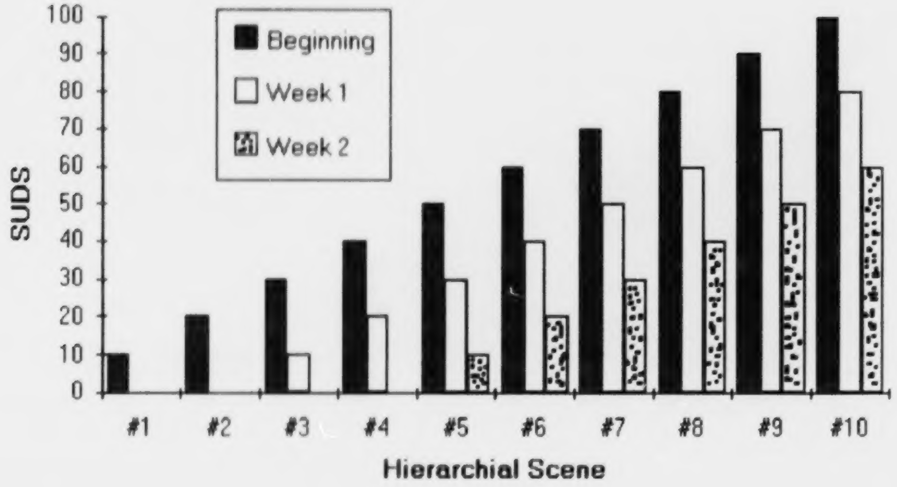
The treatment process goes in three stages:

1.) Initial assessment and the development of hierarchies.
2.) Instruction in deep muscle relaxation.
3.) Pairing the relaxation with presentation of the steps from the hierarchy.

1.) Initial assessment and the development of hierarchies. The first step in any treatment process is to get a good picture of the nature of the anxiety reaction and develop a hypothesis about the sources, so a detailed interview is essential (see the sample interview in Chapter 2). Because you must determine if the student actually needs to participate in the desensitization. If the poor performance is due to insufficient study hours or great stress in his personal life, the desensitization may be a nice exercise in relaxation without any real impact on performance. The students who benefit the most from desensitization are those that exhibit some element of automatic anxiety reactions to the fearful situation.

As part of the interview process you begin to develop a sense of the types of situations that cause the reaction as well as the intensity of the reaction. A hierarchy is nothing more than a rank ordering of anxiety producing situations from no anxiety to the highest level of anxiety. For example, "Being at home studying" generally produces little or no anxiety, while, "Reading a test question and having your mind go blank," represents a very high anxiety producing situation to the test anxious student. Hierarchies are usually developed by coming up with a great many behavioral descriptions of situations at various anxiety levels, then having the student rank them from highest to lowest. Clinicians will use the term, "Subjective Units of Disturbance" (or SUDS for short) to represent the intensity of an anxiety situation. SUDS are nothing more than a scale from 0 to 100, with 0 being no anxiety and 100 being the highest level of anxiety. Clients are presented with situations and asked to place a SUDS score on it. Improvement is shown when a situation that once was given 100 SUDS is later ranked as a 60.

The following graph is a visual representation of what happens in the desensitization process as improvement in shown and the anxiety to particular situations is reduced. In time the SUDS for each drops down one step:



The number and intensity of each step depends on the strength of the anxiety reaction. Mild anxiety reactions (which most school anxieties are) may only require a few steps in a hierarchy (5-10) to go from the lowest to the highest level. The more severe phobias that would be found in a clinical setting may require more steps (20 or more) and smaller increments to go from the lowest to the highest. The simplest way to construct a hierarch is together with the student brainstorm a number of situations, then group them into categories of "high", "medium", and "low." The final hierarchy is developed by getting a few from each category. If the student is having a hard time working up the scale, then a few more steps should be added to the hierarchy. For example, the following is a typical eight step speech anxiety hierarchy:

1. At home studying.
2. Writing out note cards for a speech.
3. Waking up and getting dressed the day of a speech.
4. Going to sleep the night before a speech.
5. Driving to school the day of a speech.
6. Giving the first few lines of a speech successfully.
7. Walking up to the front of the room to give your speech.
8. Starting a speech and having your mind go blank.

Part of the key to developing effective hierarchies is to make them very specific to the experience of the person. Each one of us experiences our world differently. What produces great anxiety in you may not do the same for another person. So the hierarchy must be based on the unique situation of your student. One effective way to check the ranking is to get the student relaxed and ask him or her to imagine each one of the situations and then immediately write down a SUDS score.

2.) Instruction in deep muscle relaxation. Nearly any kind of relaxation strategy can be used with the desensitization and there are scores of scripts and approaches available to a counselor. The key, however, is that the student must develop deep physical relaxation in order to have the counter-conditioning effect of reducing the automatic anxiety response. This author prefers the method that involves alternately tensing and relaxing the muscles of all parts of the body, paired with effective breathing. A sample of this script and a short deep breathing exercise are found in Appendix A or audio tapes may be ordered from the author. This deep muscle relaxation script is preferred because the students using it get very immediate positive feedback. Nearly every student on the first try will find themselves getting very relaxed. It is not uncommon to have a student report that he or she can never recall being that physically relaxed. With repreated practice, which is essential, the student can quickly get into a very deep state of physical relaxation. However, it bears repeating that any relaxation method chosen by the counselor or student will be effective if it induces the deep muscle relaxation.

Prior to using a relaxation method with students it is necessary that the counselor practice so that the pacing and voice tones are appropriate. The tendency is to say too much, talk too quickly, and not reflect relaxation in your voice. Once students learn to relax effectively they need fewer verbal cues from the counselor. I can recall listening to relaxation scripts from other counselors and having the thought, "Please be quiet and let me relax!" go through my mind. Practice on friends, family or colleagues and they can give you feedback on how you are doing. Tape record yourself and try experiencing your own script. It is good to give students a cassette tape of your relaxation script for them to take home and practice.

The relaxation may take place with the student sitting in a comfortable chair or lying on the floor if they are able. Generally lying on the floor is preferred because it is easier to fully expand the chest and stretch the muscles, but in many settings the floor is too hard for the students. Dim the lights and turn on a fan or some other device to create some "white noise."

3.) Pairing the relaxation with a presentation of steps from the hierarchy. This is when the actual de-conditioning occurs. Everyone does derive some significant benefit from learning how to physically relax, but this step permits this deep relaxation to inhibit the automatic anxiety reaction. In short, you have the student imagine vividly in his or her mind the situations that create anxiety while their body is physically relaxed. You start at a low level and work up to the highest level of the hierarchy until the scene can be imagined while staying totally physically relaxed. When this is accomplished the intensity of the anxiety reaction in the real situation is reduced and hopefully performance is improved.

One critical element in this process is the ability of students to create vivid mental images. In our video generation people are accustomed to having images presented to them, rather than generating their own. Many students need practice in developing clear images. Several strategies can be used to facilitate this, the most common is to have the counselor present guided imagery while the student is relaxed. Coming from the midwest I frequently take students on a "walk in the woods during the Fall." I describe the sights, sounds, and smells of that experience. The more students can attempt to bring in the use of all of their senses, the more vivid the images will become. Another effective strategy is to have students work on their own "neutral scene." This is a personal scene of themselves doing a favorite relaxing activity, such as: sitting in an easy chair listening to favorite music, lying on the beach, taking a hot bath, sitting by the lake, etc. These should be passive activities and the student can practice making these images as vivid as possible. I use this neutral scene are part of the process of presenting the steps in the hierarchy, but it can also be used at other times as an anxiety management tool; *just thinking about this neutral scene will become a conditioned stimulus for relaxation* and can be used when the student is actually experiencing anxiety.

Once ready, the therapy generally proceeds in the following manner, but many variations on the theme exist:

1. The student is put in a relaxed state through the use of a deep muscle relaxation script.
2. They are asked to imagine their neutral scene for a short period of time to enhance the depth of relaxation.
3. The first scene is presented and the student imagines it for a short time (15-45 seconds).
4. The student is asked to stop imagining that, relax, and go back to the neutral scene.
5. The first scene is presented again.
6. Relaxation.
7. The second scene is presented.
8. Relaxation.
9. The second scene is presented again.
10. Relaxation.
11. The student is brought out of the relaxed state by first wiggling toes, moving feet, moving hands, then opening eyes and sitting up.
12. The counselor and student discuss the session and evaluate the experience.

Usually two steps on the hierarchy are presented each time, going one step higher each time so that each scene is presented twice (i.e. at session one you cover 1 and 2, session two covers 2 and 3, etc.).

The length of time of the presentation depends on the intensity of the anxiety and the reaction of the individual. If a person feels very anxious while imagining the situation the presentation may be very short the first time it is given. For most school situations, this author uses a presentation of about 30 seconds. It is critical that you not go higher on the hierarchical scale until the person can remain fully relaxed while imagining the scene. You want to reinforce the feeling of relaxed control over the anxious situation. As a counselor you must control the pacing of the therapy so that you proceed only when the person is ready. Many counselors will have the person signal them when they are feeling anxious while imaging a scene by having them raise a finger of their hand (they are too relaxed to waive a whole hand!), and when the signal is given the student is immediately instructed to go away from the scene and relax. The anxiety they feel will manifest itself in small physical ways: eye twitch, change in breathing, tightening in stomach or shoulders. Later in the session or in a subsequent session, the scene can be presented again. If the person can't get past this point then you probably have a problem with your hierarchy and need to generate some additional low level scenes.

For a complete script of a desensitization session check in Appendix A or order the audio tapes from this author.

In Vivo Desensitization

In Vivo desensitization means using this same step by step process, but in real situations rather than through mental images. In most clinical situations this is the preferred method because the results are more dramatic and rapid than when using mental images. It is frequently called "Exposure Therapy." (Greist, 1986). The mental images are only used when the real situation is so threatening that it cannot be approached; and the use of systematic desensitization is used only to prepare the client for the In Vivo approach.

In this method hierarchies can be constructed in a similar manner as in the mental image approach, but with the expectation that these will be actual behavioral situations. Students are taught "Anxiety Management" strategies so that they can relax and think in a positive manner when they start to feel anxious. The student starts on the first step of the hierarchy, if he feels anxious then he will apply the relaxation strategy before proceeding on. Speech anxiety is one of the areas that quickly responds to this method. The following is an example of a heirarchy that could be completed In Vivo:

1. Preparing notes for the speech at home.
2. Practicing the speech at home in front of a mirror.
3. Giving the speech to a friend at home.
4. Going into the speech classroom when it is empty, not on the day of the speech.
5. Practicing the speech in the empty speech classroom.
6. Driving to school the day of the speech.
7. Entering the classroom the day of the speech.
8. Walking up to the front of the room to give the speech.

9. Hesitating during the speech to collect your thoughts.

As the student is experiencing the situation he or she will apply a relaxation technique, such as controlled deep breathing, when the physical symptoms of anxiety appear. Once back in control the student proceeds onward. This In Vivo approach is usually paired with a cognitive strategy (discussed in greater detail in the next chapter) in which the student attempts to block negative thoughts and has already thought out in advance a coping strategy that to use when anxious.

Another common desensitization technique that is in reality an In Vivo approach is what is called, behavioral rehearsal. Behavioral rehearsal simply means practicing or simulating what you are going to experience so that when you actually get into the situation you know what to expect. For example, one the best preparation techniques for test anxious students is to take a lot of practice tests. This is mentioned as a good study strategy in the chapter on study skills, but it has its roots in behavior therapy. Actors avoid stage fright and losing lines by going through the parts so many times that they become automatic and they begin to think like the character they are portraying. Students with writing anxieties are stimulated to write more through the practice technique called, "free writing." New situations and experiences are scary, by using behavioral rehearsal it becomes much less frightening.

Audio Tape and Group Presentations

Traditional behavior therapists might shudder at the thought, but one of the most practical ways to conduct systematic desensitization in school is through group or audio tape methods. In most school settings a counselor or teacher simply does not have the time to conduct individual desensitization. A compromise must be made in the traditional approach to do it with small groups of students with similar anxieties or to provide a set of audio tapes for students to use on their own. Certain adjustments in methods must be made:

1. "Average" hierarchies must be constructed. By using a group average ranking or a sampling method, construct a typical hierarchy. Since students share many similar experiences in school, an average hierarchy is rarely far off from the hierarchy of any individual.

2. An individual treatment a student can signal you when he or she is having difficulty with a particular scene. In a group or audio presentation students can be instructed to leave a scene and go back to relaxation if they are having difficulty with it, even before the group leader tells them to relax.

3. Not everyone goes at the same pace through the hierarchy. In a group setting, those students who are lagging behind the rest can be given extra make-up sessions. Using an audio tape presentation, students are instructed not to go

to the next higher level until they can listen to a tape and stay completely relaxed.

As will be seen in the chapter on model programs for the various school anxieties (Chapter 7), this author actually prefers group methods over individual work. In a group setting you can include a wide variety of behavioral and cognitive instruction to deal with all aspects of the anxiety. Plus with a group you have the natural support that comes from the other members of the group, it is good to know that you are not alone. By talking with the other students, an individual realizes how common school anxieties are, and they are not simply going crazy.

The audio tape presentation is probably not quite as effective as a live presentation because it lacks the immediate human touch of the counselor or teacher, but still is a very effective alternative. Schedules and time commitments at times make it impossible to bring all students into groups. Some student may also prefer to do the work in the privacy of their own homes. Good quality sound production is essential, simply taping a live group session will result in a tape that sounds like it was recorded in a barrel. Schools can record their own and avoid problems with duplication and copywrites, or it is possible to order tapes from various organizations (a set of test anxiety and speech anxiety tapes are available from the College of Lake County).

Summary

In summary, the term "exposure therapy" does a good job of describing what needs to be done: we must face our fears or they maintain control over us. All of the desensitization models are nothing more than a step by step approach to enable a person to face the fearful situations and control the anxiety reactions.

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CHAPTER FIVE

COGNITIVE APPROACHES

As mentioned in Chapter One, this author believes that both behavioral and cognitive approaches are essential to the effective treatment of school anxieties. But the cognitive approaches are harder to get at in practical terms. You can observe a person's behavior and you can measure their physiological responsiveness, but *how do you get at what is going on inside someone's head?* How we experience our world is very subjective and is mediated by our thought processes. Anxiety too is dependent upon how we mentally interpret the stimuli around us and within our own bodies. If we can modify that interpretation, then we can modify the experience of anxiety.

One can read many articles in the literature about "cognitive therapy" without getting a clear idea of exactly what you do with the person. In this chapter an attempt will be made to provide some practical suggestions about how a counselor or teacher can apply some of these ideas in the reduction of school anxieties. As with other sections of this book you are encouraged to read more in depth from the selected readings. It is possible to classify the cognitive approaches into three categories: 1. Skills Acquisition. 2. Cognitive Restructuring. 3. The Development of Coping Strategies.

Skills Acquisition

The skills acquisition approach is simply to learn what is necessary to perform and is best described by teaching students how to study. If students study and learn the material, they will have little or no difficulty in performing in evaluation situations. This is the classical way of dealing with school anxieties and probably is the way in which the vast majority of students control their apprehension. Chapter Three deals more extensively with the study skills issues, but it bears restating because effective study is the backbone of success in school. The most extensive therapy in the world can do no good if the student hasn't first mastered the material.

With some of the more specific school anxieties there are particular types of skill acquisition necessary. The following are some examples of what can be done (more detailed suggestions can be found in Chapter 7):

Test Anxiety: Students can be taught the science of taking tests.

Speech Anxiety: Some people hold the belief that to be an effective speaker all you have to do is stand up and talk since everyone knows how to talk, neglecting the science of communication. Students can be taught how to organize their presentations, analyze the audience, speak clearly, maintain rapport with the audience, and all the many techniques used by successful speakers. With greater skill, students generally proceed with greater confidence.

Math Anxiety: Many students with math anxiety have had that fear for years and it has affected the acquisition of fundamental mathematical skills and concepts. Frequently math anxious students are taken back to the very basic building blocks of mathematics, concepts often taught in elementary school and junior high school. With a better understanding of the very basics, they can proceed rapidly into more advanced studies. The complex math avoidance behavior has meant that poor performance in classes is partially due to simply not under-standing the material.

You can easily see that nearly any student suffering from a school anxiety can benefit from some elements of the skill acquisition approach to treatment. With little difficulty you can make the assumption that all students need this and include skills acquisition in all treatment plans. However, it is important to not assume that it is the only reason for the anxiety. The role of the counselor or teacher is to carefully question the student, examine the behavior, and determine if there are other contributing factors that need to be addressed.

Cognitive Restructuring

The term "cognitive restructuring" on the surface sounds like this incredibly complex process that can only occur after years of intense study and psychotherapy. Nothing can be further from the truth! It is a fairly straightforward and logical process by which a person attempts to change patterns of thinking and what we say to ourselves. It is done with the help of a skilled counselor, teacher or therapist, but the control and responsibility for change rests fully with the individual undergoing the transition.

There is abundant literature on this process, but nearly all roads lead back to Albert Ellis and his relatively simple approaches to rational thinking. The basic premise is that if you can eliminate some of the irrational thoughts and beliefs, then you can change the unwanted behavior. Anyone who has worked with school anxious students will recognize the following types of statements that are reflective of this irrational thinking:

> "I have never done well in school and I know that I won't again this term."
> "I simply don't have a logical mind, that is why I cannot do math."
> "If I speak up in class I know that I will make a fool of myself and everyone will laugh at me."
> "If I flunk again this semester my parents will kill me and I will never be able to return to school again. So I have to pass."
> "I always screw up on tests, so I have stopped trying."

Students who extensively use this type of thinking and verbalization are bound to think poorly about themselves and not do as well as they could. We say these things frequently to ourselves and they are called, "*self-talk.*" In the above statements you can hear over generalizations in very absolute terms, "I have never done well in school." Or you can hear people giving themselves very unrealistic goals that have to be met or something terrible will happen, "I have to pass... or I will never be able to return to school." Ellis uses such descriptive terms as "musterbating" and "awfulizing" to explain this type of thinking. When a student is speaking in absolute terms such as this or is making broad generalizations, he or she would be a good candidate for an examination of the belief system that is leading up to these statements.

A simplified version of his approach is called the A-B-C theory (Ellis, 1977):

A-Activating Event. This is the particular stimulus that triggers the reaction, such as having to take a test in school.

B-Belief System. This is the cognitive system that we use to interpret the events around us, the thoughts can be *rational or irrational*. An irrational belief would be, "I never do well on tests, I won't again here, so the teacher will know how stupid I really am." A rational belief would be, "I haven't done well on tests in the past, but I have prepared real well this time, and I think I have a shot at a good grade."

C-Consequences. (both emotional and behavioral). This is the result of the activating event, which in the case of the test could be good performance or an anxiety reaction.

It is the belief system that gets the most attention because this is where change can be made. The activating event (A) does not lead directly to the consequences (C), it is the belief system that intervenes (B).

In a practical sense in means working with students to identify irrational or unreasonable thinking, then coming up with alternative beliefs. The "cognitive restructuring" comes into play when the person is asked to deliberately say the rational statements to himself in situations when he normally would use the irrational ones. The deliberate use of these self-statements interferes with the surfacing of the irrational beliefs. The following would be an example of a worksheet that a counselor might use with a student:

RATIONAL THINKING WORKSHEET

Present Situation

Activating or Stimulus Event: (Have the student describe in as much detail as is necessary what the triggering event is, such as taking a math test)

My Self-Talk: (Have the student list with in detail all the things that were going through his or her head leading up to the test and during the test.)

What Happened: (Have the student describe what actually happened as a result of the event. Success, level of anxiety, etc.)

Desired Situation

What I would like to see happen: (Have the student describe in as much detail as necessary what he or she would like to have happen the next time.)

Alternative Self-Talk: (Go through the statements listed above with the student and try to come up with some alternative statements that are more reasonable. Have the student practice saying them with you.)

On the surface it may seem that this is too simple and that just changing what you are saying to yourself cannot possibly impact the school anxiety. Taken in isolation, just changing the self-statements probably will not significantly change school performance. But when used in combination with things such as skills acquisition and desensitization, it can be a very powerful tool.

The Development of Coping Strategies

A logical enhancement of the general cognitive approaches is the "coping strategies" approach that attempts to bring together the cognitive and behavioral methods. The general assumption is that anxiety will occur and that everyone will experience some.
What is critical is what the individual person does with the anxiety. Persons can be taught how to cope with the anxiety and manage the situation. *Deliberate and advanced planning helps reduce the intensity of the anxiety*, prevent it from happening, or shorten the time period. Three different authors will be highlighted here to show this "marriage" of cognitive and behavioral approaches.

Donald Meichenbaum (Jaremko and Meichenbaum, 1983) uses the term, "Stress Inoculation Training," to describe a planful approach to dealing with stressful situations. Most of the applications have been made in clinical settings, but a useful corollary can be made for school anxiety. The basic model is as follows, with examples from school settings:

PHASE ONE: CONCEPTUALIZATION

In this segment the counselor and client try to develop a mutual understanding of the problem in order to plan for the skills acquisition phase. The key here is mutuality, both parties carry the responsibility for success. Data are collected and the client is taught how to continually analyze the problem. In the case of school anxiety the student and counselor will come up with a clear understanding of the situations in which it occurs and the intensity. One method used to collect data are "image based reconstruction." Instead of relying purely on self-report, the student is placed in a relaxed state and asked to imagine the anxiety producing situation. In this relaxed state the student may recall details about the event or self-talk because he is re-experiencing the event. The counselor can then record the comments from the reconstruction. A student will also be taught to keep a diary or log of events and feelings surrounding the anxious situation.

PHASE TWO: SKILLS ACQUISITION AND REHEARSAL

> The student is trained in coping skills that involve doing something (better study strategies, test taking, relaxation) as well as how to think in the situation (perspective, self-statements, emotional supports). And then the skills are rehearsed. Rehearsal has to be the key. Frequently schools will provide one session workshops for student on subjects such as study skills, test anxiety, stress management, etc. But little attention is paid to actually practicing these skills. Skills that are not practiced and practiced over time are generally not acquired. As part of this instructional phase students should be taught how to self-monitor and maintain the skill.

PHASE THREE: APPLICATION AND FOLLOW-THROUGH

> After the skills have been practiced they need to be applied in real situations. It is possible to phase this in by using In Vivo desensitization procedures if necessary, or by using realistic role-playing and practice. The student is also taught to recognize the cues that are present at the onset of an anxiety reaction. For example, if a student always gets tight shoulder muscles just prior to a test can use that as a cue to start using relaxation or positive self-talk. Regular follow-up is necessary to monitor the progress of the student as well as the self-monitoring by the student.

Ottens (1989,1984) essentially used Meichenbaum's model and built an approach specific to dealing with school anxieties that emphasized learning particular coping strategies by dividing it into a four stage model:

STAGE ONE: Problems that can arise.

The problems are divided into one of four categories:

- Misdirected attention or attentional difficulties.
- Presence of interfering thoughts, self-talk, or other disruptive mental activity.
- Presence of physiological/emotional distress.
- Inappropriate behaviors.

STAGE TWO: Awareness (Early Detection System).

> Become aware of the existence of problems as quickly as possible (early detection). Let this early awareness act as a signal to employ coping responses.

STAGE THREE: Employ Coping Responses.

> Choose appropriate coping responses, singly or in combination.

STAGE FOUR: Reapply Coping Responses as Needed.

> Reapply the coping responses of stage III or choose a different combination, as the need arises.

The heart of this model is the early awareness and the application of the appropriate coping responses. It accepts the fact that a person will get anxious and moves quickly to, "what are we going to do about it?" In working with a student the counselor or teacher needs to help in the identification of appropriate coping responses and teach them to the student. Ottens and others developed a scale of academic coping that presents 25 critical incidents that occur in college situations and lists 6 possible coping responses for each, three functional and three dysfunctional. Students are then asked to rate how often they use the strategy. The scale assesses the appropriateness of student strategies, but also serves to teach the student coping strategies. Consider the following example from the scale (used with permission of the author):

When I start feeling physically weak or nervous during an exam,

____

a.) I worry that the weakness or nervousness will get worse.
b.) I remind myself that those feelings are normal and needn't upset me.
c.) I start to pay more attention to how I feel than what the exam questions say.
d.) I set aside a few moments to relax and calm down.
e.) I try to push away the thoughts about how I feel and concentrate harder on the test.
f.) I wait and hope the feelings go away.

(you will note that b, d, and e are functional)

The thinking behind this approach is that students need be be aware of their functional and dysfunctional behaviors and that they can elect to use more functional approaches. Advanced planning and preparation for the situation is essential. Obviously many behavioral methods will be employed using this model, but it is essential a cognitive one because of the advanced planning that is employed. An example of using these functional and dysfunctional coping responses to critical situations can be seen in the test anxiety workbook prepared by this author.

Another effective variation on the cognitive theme is the communication apprehension approach used by Watson (1986; Kelly and Watson, 1989). Assessments are conducted to determine the source and nature of the anxiety. Different treatments are arranged depending on the nature of the problem. If there is a low self-acceptance then students are given information and practice in using the Ellis A-B-C model of rational thinking. Students with a high level of communication apprehension complete a systematic desensitization using an audio tape presentation or through the development of an individual hierarchy. And finally, students with various skills deficits are remedied through a process of setting and evaluating various communications goals. The following is an example of one of these plans dealing with interpersonal communication skills (1986):

Step A. Define goal areas:
Be a better speaker.

Step B. Formulate specific goal statements:
Learn to start, continue and end a conversation.

Step C. Criteria for success:
I want the listener to answer my questions and respond with a smile.

Step D. List the steps in preparation:
Monday, Sept. 25, in English class I will talk to that blonde girl. I will go the the class early. To start, I will say a friendly, "Hello," and ask her how she likes the class. To end, I'll say, "Nice to meet you. If we have any class problems, let's get together."

Step E. Plan for contingencies:
If the girl is not there Monday, I'll talk to her on Wednesday. If she doesn't answer me, I'll plan to talk with someone else.

After the completion of the goal it is evaluated and discussed with the student. The key to this cognitive model is that is doesn't assume that all students have the same communication apprehension difficulties, so you target the needed activities depending on the situation. It is also a very planful process. In the goal setting component students analyze their difficulties and plan in advance how to cope with them. And as in the Meichenbaum model, there is evaluation and monitoring conducted by the student him or herself. More detailed examples of using this model are found in the Chapter 7.

Summary

In conclusion, this chapter on cognitive approaches to school anxieties has attempted to distill some of the theories on cognitive therapy into relatively simple models. It should be evident that problems in thinking and planning do negatively impact performance in school. By teaching students very specific coping strategies they can better manage and control the anxiety producing situations they encounter.

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CHAPTER SIX

STRESS MANAGEMENT TECHNIQUES FOR SCHOOL ANXIETY

Start asking your school anxious students questions about their general lifestyle and how they take care of themselves and you are likely to hear the following:

> "My life is crazy at times. It feels like I am constantly running into my house dropping something or someone off, then turning around and going again."
>
> "I just snack during the day, but I usually eat a good dinner."
>
> "Since my divorce I have found myself worrying a lot more about everything: money, the kid's behavior, being alone......"
>
> "I get so sleepy during class, there must be something wrong with me.
>
> "Between my job, what my parent's want me to do around the house, doing things with my friends, there just isn't enough time for me to do my homework."

Our students lead stressful lives and that stress does have an impact upon school performance. Now it cannot be said that stress causes anxiety, because many students deal with a great deal of stress and show little or no signs of anxiety. However, it is quite clear that students experiencing school anxieties frequently show signs of stress-related problems and difficulties in managing their lifestyles. Learning to better manage stress or to modify certain elements in their lifestyles will increase the likelihood that the school anxiety can be controlled. To put it in more direct terms, nearly all the students that this author encounters with school anxieties also have lifestyle management problems, especially with their diet and the pacing of their life. This is so prevalent that all students receive information and/or practice changing stressful lives. *In particular, the following are some of the areas that need to be addressed: Diet and Eating Patterns, Exercise, Managing Time and Life Pacing.* There are many more areas to the field of stress management, but these in particular are the ones that seem to appear more frequently among school anxious students.

The stress management literature is abundant, so abundant that one can get "stressed-out" simply trying to decide which is best. This author recommends those that are *multi-dimensional*, meaning that they suggest that you use a variety of methods. For example, a book that suggests you manage your stress simply by learning to relax would probably not be very helpful. Materials that encourage the all aspects of the problem are more likely to have an impact and actually change behavior. There is also a tendency to encourage an "all or nothing" type of change in behavior or beliefs. Yet knowing human nature, very few people can totally change their lifestyle, so materials that encourage incremental change probably are more realistic. But in general, being well versed in stress management strategies as outlined by a multitude of excellent authors will help in work with school anxious students.

Diet and Eating Patterns

In looking at dietary issues one must look at both *what* people eat, as well as *when* they eat. Although there are great differences in tolerance, humans need regular consumption of good food in order to operate at peak efficiency. Going to school is a physical as well as cognitive experience and students need good energy levels in order to think. Blood sugar is what fuels the cells of our body and the regulatory systems within the body seek to maintain a homeostatic condition. Blood sugar is derived from the foods that we eat. During times of sympathetic arousal (see Chapter 1) our body calls for increasing quantities of blood sugar to power this excited state. A stressful situation, such as taking a test, will result in sympathetic arousal and will start to deplete bodily "fuel reserves." A student who has not eaten much since dinner the day before and who has a 1:00 p.m. test is at a distinct disadvantage. Because of their already existing disposition to performance problems, school anxious students are even more vulnerable to low blood sugar.

One common response to low blood sugar is to snack, we all do it. We eat foods high in sugar or carbohydrates that are easily digested and quickly converted into blood sugar. When you are hungry and eat something like a candy bar or a coke, it does make you feel better. Unfortunately, there are consequences to this. The sugars that are rapidly absorbed into the blood stream are also rapidly depleted, starting the whole cycle over again. If we continually shove sugars down our throats our body reacts in a desire to maintain a homeostatic state and secretes insulin, which serves to reduce the blood sugar level, further confusing us. The only way to counteract this cycle is to have regular consumption of foods that are digested more slowly and don't result in this rapid change in the level of blood sugar. This author has seen numerous students report significant improvement in their school performance simply by changing their habits to include regular meals.

Caffeine consumption is another factor that can contribute to the potential for an anxiety reaction. As mentioned in an earlier chapter, one theory for why people feel anxious is that they interpret certain physical cues related to sympathetic arousal as being the onset of anxiety. Caffeine can mimic this type of arousal by (Manaham, 1988): stimulating the central nervous system and the heart, and elevating blood sugar levels. It is fairly common knowledge that persons with tendencies toward anxiety reactions need to severely limit caffeine intake. Coffee and tea are most commonly pointed to as the culprits, but rather high levels of caffeine are also found in things such as: soft-drinks, chocolate products, and analgesic medicines like Excedrin or Midol.

To summarize some of the dietary recommendations, the following actions are recommended for your students (and you):

1. Increase the regular consumption of food throughout the day. Not necessarily more calories, but spread them throughout the day. Students in day classes especially need to eat a good breakfast, just as our mothers always told us. Evening students need to be careful not to eat a huge dinner before going to class.

2. Increase the consumption of fresh fruits and vegetables. Fresh fruits and vegetables are high in vitamins, minerals, and complex carbohydrates that are digested more slowly than with processed foods. Fresh products are better than canned or processed because the vitamin content is better and there are no added salts and sugars.

3. Increase the consumption of whole grain products such as: whole grain breads, oatmeal and other cereals. These products are high in the B vitamins (that are depleted rapidly in stressful situations) and are also foods that are more slowly digested.

4. Maintain adequate levels of protein through consumption of: eggs, milk products, lean meats, fish, beans, nuts. Caution should be taken not to overload in this area because many of these foods are also a source of fats and cholesterol.

5. Decrease the consumption of caffeine. Substitute things such as de-caffeinated coffee and tea, fruit juices, and water for beverages. Fresh fruit in lieu of a chocolate candy bar.

6. Decrease the consumption of high sugar content foods and beverages. Safer snack foods such as fruit or low-salt crackers can help, but eating regular meals will also help reduce the desire for snacks.

7. Decrease the consumption of alcohol and other drugs. In addition to the impairment of performance, the alcohol is metabolized into blood sugars.

It is relatively easy to talk about these types of dietary changes, it is another thing to actually help the person change. One step in the dietary change, is to have a better awareness of what you are actually doing. Once a pattern is observed, then the person can set a goal for change. One approach is to have students complete a daily eating log:

On the following log please list everything that you eat and drink, it will be used to evaluate whether your diet supports or detracts from your school performance.

Day/Date: Breakfast	Lunch	Dinner	Snack
Day/Date: Breakfast	Lunch	Dinner	Snack
Day/Date: Breakfast	Lunch	Dinner	Snack
Day/Date: Breakfast	Lunch	Dinner	Snack
Day/Date: Breakfast	Lunch	Dinner	Snack

Day/Date: Breakfast	Lunch	Dinner	Snack
Day/Date: Breakfast	Lunch	Dinner	Snack

Once a log has been kept for several days the counselor and student can review it together. After being supplied with information about an appropriate diet, the student can then begin to set goals for change. The first thing necessary is to not speak in absolutes. For example, don't let a student make a goal of, "I will never drink caffeinated coffee again." A goal like that will probably be violated shortly and all behavioral change ended. A more achievable goal would be, "I plan to limit my coffee intake to one cup in the morning." A goal like this has a much better chance of success. Regular checking and monitoring of the goals set will increase the chances that the student will effect some change.

Exercise

Exercise has long been used as a treatment for a variety of illnesses, especially heart disease. But more recently there has been interest in using it as a supplement to treatment for anxiety and depression (Feuerstein, et.al., 1986). There are two primary beneficial elements of exercise: 1.) As a general relaxer or stress reliever. 2.) To strengthen the body to better tolerate future stressful events.

It is regular aerobic exercise that appears to have the greatest benefit. During aerobic exercise a person's heart rate is brought up to at least 70% of maximum and sustained for a period of time, usually 20-30 minutes three or four times a week. This type of exercise is designed to improve general heart/lung efficiency, with the most popular forms being: running, swimming, rapid walking, bicycling, and aerobic dance.

One way to explain why it has a beneficial effect in reducing anxiety is by examining the resting heart rate. A well conditioned person has a lower resting heart rate than a poorly conditioned person. In addition to the lower resting heart rate, the well conditioned person's heart returns more rapidly to the lower resting state. During stressful situations the heart rate goes up, anxiety prone individuals recognize the accelerated heart rate as a cue of an anxiety reaction. If a person can maintain a lower heart rate or rapidly return to a lower rate, then they are less likely to interpret a situation as anxiety producing. Therefore the aerobic exercise has increased a person's tolerance for stress.

Just as with the dietary changes, people are usually aware of the benefits of exercise, but getting them to do it on a regular basis is a challenge. Exercise "guru's" spend their professional lives trying to find the secret to unlocking a person's desire to exercise. How can a counselor or teacher successfully get a student to exercise? The following are some suggestions:

1. Appeal to the practical. Convince the student that regular exercise will increase the likelihood of success in school. If he or she really wants to graduate, consider getting involved in a regular program.

2. Model the Behavior. This is a tough pill to swallow, but students of all ages learn by example. If you want to convince your students of the benefits of exercise, then you must practice what you preach.

3. Connect the Exercise to Social Benefits. Help the student discover a way to make the exercise fun. One of the reasons many students maintain involvement in activities such as aerobic dance, is that they enjoy getting together and dancing with the other participants. Having a "walking buddy" can be both great exercise and great psychological therapy.

4. Benefit to Self-Worth. Anxious students are often overwhelmed in their overall life, and feel that they never have time to do something for themselves. Exercise can be that activity. Contrary to #3, some persons like to go for a quiet run or bike ride as a way to pamper themselves and to be alone for thinking.

The changes that come through regular exercise are probably not as dramatic as the changes that occur with the modification of a crummy diet. It takes considerable time to significantly improve cardio-vascular conditioning. But once it is improved and maintained, the physical and psychological benefits are considerable.

Managing Time and Life Pacing

The lament we all hear is, "I just don't have the time to do it all." In many cases the person is probably right, they don't have the time to do all the things they have chosen to do. In other situations it is the inefficient use of time that creates this time pressure. The chapter on study skills (Chapter 2) addresses the issue of organizing school work that has to be done, and this can be carried over into general life management. Going to school is just one portion of a student's life and needs to be managed accordingly. This was driven home when I surveyed 500 students at my community college and discovered that they averaged less then one hour of study for every credit hour taken. School often is simply one of many priorities in a person's life.

The primary recommendation in the study skills section was that a student use a calendar to list all major events, assignments, duties, etc. Using this method there are no surprises and the person will tend to focus on what needs to be done today only, not the entire workload. Persons under stress frequently jump from one activity to another, never completing anything, and worrying about all that has to be done. This time wasting process is controlled somewhat by carefully writing things down and working on them one at a time.

A more troublesome aspect to time management is to control what we have to do and the general pace of our lives. How do you realistically say, "don't do so much," to a single parent who is trying to work, go to school, manage a house, and provide emotional support for young children? The psychological message received by a person in this kind of stressful situation is, "I can't handle the job and I am inadequate." But the pacing of one's life has to be addressed. The starting point is much like that of changing diet and exercise, begin with awareness of what is really happening. Have the person keep a diary of what they are doing:

DAILY ACTIVITY LOG

Day and Date____________________________

Activity Comments

Morning:

Afternoon:

Evening:

Have the student keep the log for an agreed upon time period, usually a week, then go through the list and attempt to divide the activities into categories something like the following:

1. Things that have to be done, and only I can do them.

2. Things that have to be done, but possibly someone else could do them or help with it.

3. Things I would really like to do, but probably could be discontinued.

4. Things I would really like to do, but can be postponed until a later time (like the end of the semester).

5. Things that are not essential and should be discontinued.

One of the hurdles of breaking down activities into categories like the above is that some will have to be given up or turned over to another person. That other person will not do it in the same manner. For example, doing the laundry. I recall a test anxious student who was having a particularly hard time managing things near the end of a semester. We listed regular activities and one time saving suggestion I made was to let her oldest daughter take over the duty of doing the laundry, at least until the semester was over. I was given this incredulous look and told, "I can't do that. That is my duty as a mother. And besides, she doesn't do a very good job of it." Having her daughter do it in her mind would lessen her value to her family, because nobody could do it was well as she. After talking longer she realized that her family didn't value her most because she did the laundry, but because of the person she was. The family wanted her to succeed and would do anything to help her achieve her goal. Changing the pacing means letting go and changing how we view ourselves.

There are two additional coping skills that appear to help control life pacing: relabeling, and renegotiating. Relabeling refers to the ability to change how we view things. The trite phrase, "If life gives you lemons, make lemonade," probably expresses it as well as anything. Some people seem to have this wonderful personal perspective to not let things bother them and make the best of every situation. How do you teach that to others? It is probably the result of years of upbringing and habituation, so changing from a negative view of things to a positive is not an easy task. About the only way to begin the process of change is to consciously look at life situations and brainstorm alternatives. For example, a teacher assigns a research paper on a subject for which a student has little previous knowledge. The initial reaction might be, "How can he do this? I don't know anything about this, I can't do a decent paper on it." A relabeling of this situation would be to consciously say to yourself, "It's something entirely new. It will take extra time to do research, but I'll really learn a lot." I regularly have students complete a simple writing activity:

Describe a recent stressful situation:

How did you react, what did you say to yourself?

What are some different ways you could have reacted, or things you could have said to yourself?

By completing questions such as these over a variety of stressful situations, the student can begin to see a pattern of reacting and possibly begin practicing different approaches. But realistically it takes a long time and considerable practice to change the habitual ways of viewing things.

Renegotiating refers to a conscious attempt to discuss the "rules" of social and family situations. For example, a woman returns to school after ten years of caring for young children and managing the day to day operation of the household. During that time period she prepared nearly all the family meals, did the majority of the cleaning and laundry, and was the primary chauffeur for getting children to all their activities. The entire family was aware of her plan to go to school and voiced full support for the plan. But now that school has started dinners are later and more often simpler; favorite outfits are in the dirty clothes, not hanging in the closet; sometimes no one is around to drive a child to school activity; Mom is feeling frazzled, and everyone acts angry. What happened? The situation changed, but the unwritten rules of family operation had not, everyone was still expecting Mom to do the same things as always. This family can benefit from a family meeting where the feelings about Mom going to school can be discussed, and home responsibilities renegotiated. Things need to be brought out in the open, not left unsaid to have angry feelings develop. This type of renegotiating will give the student more time, plus will leave her feeling less guilty about what is happening--thus making it less stressful.

Summary

There are many ways to manage stress and abundant resources to learn how to do it, this chapter certainly cannot be considered a comprehensive summary of stress management and users should not limit themselves to the areas mentioned here. It did, however, attempt to highlight three areas that appear to greatly affect school anxious students: Diet and Eating Patterns, Exercise, Time Management and Life Pacing.

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CHAPTER SEVEN

MODEL PROGRAMS FOR TEST, SPEECH AND MATH ANXIETY

The purpose of this chapter is to outline the recommended elements of programs for the treatment of particular school anxieties. The ones selected for expanded treatment are: Test Anxiety, Speech Anxiety (Communication Apprehension), and Math Anxiety. These three were selected simply because of the sheer volume of students who fit into these categories. It does not mean one should totally ignore other types of school anxieties such as: Science Anxiety, Computer Anxiety, Stage Fright, Writing Anxiety, or the Fear of Returning to School. However, the basic models of any of these anxieties can be adapted to other types of concerns. And in fact the particular program model used should be indigenous to an individual school. One assumption made by this author is that group approaches are generally better than individual. The reason for this assumption is two fold:

1.) In school settings it is more efficient to use a group

2.) The natural support found in a group is very beneficial for the development of positive attitudes and helps facilitate actual behavioral change. A full demonstration of the use of these models is found in the test and speech anxiety workbooks.

The program recommendations are based upon the experiences of this author along with consultations with a number of different practitioners at various other colleges. They are biased by the particular needs of the schools who prepared the programs, so please adapt them to your situation. One common adaptation is to use a team approach, since not every counselor or teacher is skilled in all areas. Some of the references used
and the contact persons are listed at the close of this chapter.

Test Anxiety

Of all the various school anxieties, Test Anxiety is the most ubiquitous. Nearly every student in high school and college has experienced some form of test anxiety because tests are an integral part of our educational system--they cannot be avoided. It is because they cannot be avoided that most students are able conquer their fears and learn to perform adequately. But as we know many do not.

Test anxiety is also so prevalent because it masks other problems, notably poor study skills and habits. But it also can be the result of other factors, such as: math or science anxiety, excessive stress, or a low self-esteem. The test anxiety is continually being reinforced in the student because of frequent tests and persistent failure. It is because of the multiple faces of test anxiety, that this author recommends that you assume that for any given student there are multiple causes for the test anxiety, and that all students receive assorted behavioral and cognitive treatments. There may be some elements of the program that certain students do not need as much as others, but that is the risk of a group method. The following are the elements that should be included in a comprehensive test anxiety program:

A.) Information on the nature of anxiety.
B.) Assistance in the development of study skills.
C.) Test taking skill instruction and practice at taking tests.
D.) Information and goal setting on a healthy lifestyle.
E.) Cognitive restructuring.
F.) Anxiety management techniques.
G.) Systematic Desensitization.

It is possible to change the emphasis and time spent in each of these segments, depending upon the needs of your particular students. They need not be presented in the the above sequence. It is best to intertwine the units so that activities from each segment are repeated several times (model good learning theory as well as teach it.) The one element that is probably least necessary is the systematic desensitization. The majority of the anxiety is eliminated for most test anxious students once they have learned to improve their study habits, take tests, and start living a healthier lifestyle. But the students generally like doing the desensitization because it feels good and they receive very immediate feedback on their progress. Let me expand on the suggested elements:

A.) Information on the nature of anxiety. At times students are fearful that something is dreadfully wrong with themselves, or that they may have a serious organic problem. Knowing a little about what happens within their bodies is often reassuring. For example, many students report "going blank" while taking a test. It provides great relief to know that it is partially a result of sympathetic arousal. When your body is in a very excited state it shuts down certain organs or functions so that you can "run fast and jump high." One system that is impaired during strong arousal are higher brain functions (reduced blood flow). So by controlling the physical reaction, you can think better. The background information on anxiety helps set the groundwork for activities that students will be doing as part of the test anxiety reduction program.

B.) Assistance in the development of study skills. This is an absolutely essential element, because unless the student has learned the material to begin with, no amount of test anxiety reduction will help. A student who is very calm will still not pass a test if he or she does not know the material. The following skills in particular seem to help: making a study calendar so students have no surprises and will focus on today, utilizing active reading techniques, and getting in the habit of constant review.

C.) Test taking skill instruction and practice at taking tests. Although this is really a sub-set of the study skills area, is deserves special mention. By teaching students some of the "tricks" of taking tests and by having them actually practice, you are conducting "In Vivo" desensitization. It is an excellent check of effective study as well as a way to make actual test situations less frightening.

D.) Information and goal setting on a healthy lifestyle. Many counselors consider this a peripheral subject to school performance, my experience has taught me otherwise. Students do not operate in a vacuum, and what is happening in their lives and how they take care of their bodies will impact performance. With test anxious students diet in particular seems to be a factor. Many students state that they do not eat the morning of a test because they are too nervous and are afraid they will vomit, but that is precisely why they need to eat. Students are amazed at how quickly they can modify their feelings by changing how they eat and take care of themselves.

E.) Cognitive Restructuring. Years of poor performance in school settings will take its toll on belief systems. Students get down on themselves and work against their own success. Relatively simple work in analyzing self-talk and coming up with more positive and planned self-statements will serve as an excellent supplement to the other elements of the program.

F.) Anxiety Management Techniques. What is meant by this is teaching students deliberate strategies of how to cope when they are experiencing anxiety, including: quick relaxation methods using diaphragm breathing, engaging in relaxing activities just prior to a test, taking a break to get a drink of water during a test, skipping problems within a test, etc. This also serves as a form of "In Vivo" desensitization.

G.) Systematic Desensitization. As mentioned earlier, this is probably the least essential element of the program, but also the most popular. It feels good, and students like the results. The deep muscle relaxation method taught during desensitization helps student acquire skill at the quick relaxation methods used for anxiety management. It can be conducted individually, in a group, or by audio tape. The audio tape method is convenient and effective, but the "live" group approach creates a relaxed and supportive atmosphere for other group activities. This author likes to run a one-hour group with a half-hour of instruction followed by the desensitization.

In summary, it is best to give test anxious students a very broad based program because the anxiety frequently comes from multiple sources. A combined cognitive and behavioral approach is likely to meet the needs of most students.

Speech Anxiety or Communication Apprehension

The term "speech anxiety" normally encompasses the fears of students to get up in front of a group and talk, whether that be a formal public speaking activity or simply to talk to the members of a class. "Communication Apprehension" is a much broader term that includes speech anxiety, but also includes the reticence to participate in a small group discussion or even talk one-on-one. The speech anxiety is the more dramatic and visible, while certain elements of communication apprehension may be more subtle and harder to detect. The communication apprehension may be at the root of the problem when instructors report that they have a hard time getting class discussions going or that students lack assertiveness and never come to them with questions.

The majority of this section deals with the speech anxiety component of communication apprehension, because that is generally the reason for a request for assistance by the student. Students (or faculty referrals) come because they are having severe anxiety problems while speaking to groups. The one-to-one or small group discussion fears are probably just as prevalent, but the persons don't come forward to seek help as readily as those with public speaking fears. Persons with an interest in addressing the general communication apprehension issue will need to "go after" the students through an assessment/identification process and encourage them to seek assistance. The Personal Report of Communication Apprehension (PRCA-24) is the most commonly cited assessment tool because it breaks the scores down into ones for: Group discussion, Meetings, Interpersonal conversations, and Public speaking (Richmond and McCroskey, 1989). Some additional references along these lines are found at the end of this chapter. This author owes thanks to Dr. Arden Watson of Pennsylvania State University-Delaware County Campus for clarifying the importance of this difference and providing an excellent model.

In contrast to test anxiety which seems to be more general, speech anxiety tends to be more individual and unique. A student may be functioning well in the vast majority of school arenas, yet totally fall apart when they have to talk to a group. In some cases it is only particular types of groups; the student may be okay when talking to peers, but has trouble when the teacher is in the room. Also in contrast to the test anxiety, the speech anxiety is more easily avoided. It is possible to go through an entire college (or working) career without having to do public speaking. As I counselor at a community college I know of students who would select a particular career program or transfer school based on whether or not public speaking was required. But remaining like this throughout ones life can be seriously limiting both personally and professionally.

The literature and experts (Richmond and McCroskey, 1989; Kelly and Watson, 1986; Watson, 1986) point to three areas for treatment:

A.) Skills Training.
B.) Cognitive Restructuring.
C.) Systematic Desensitization.

Unlike the test anxiety, students may or may not receive treatment in all three of the areas. It is possible to focus on the particular needs of the student and only have him or her work in the area(s) required.

A.) Skills Training. This is the traditional, and most common treatment for speech anxiety. In schools, it is generally what is taught in speech and communication classes. Students learn how to: research and organize, analyze the audience, speak clearly, etc. They are given practice at speaking in a relatively relaxed atmosphere where all students are "in the same boat" and they support each other. Students are taped and can hear and/or see themselves. Watson (1986) uses the approach of having students set specific communication goals as a way to work toward the accomplishment of particular communication skills. For many students this step alone is sufficient to deal with the anxiety, and the practice speeches serve as an "in vivo" desensitization. Anxiety management techniques such as deep breathing and focusing the nervousness into speaking energy can be considered skill development activities.

B.) Cognitive Restructuring. Using the basic Ellis model, students can be taught to recognize their irrational beliefs surrounding communication, and then consciously dispute those believes. So many of the irrational beliefs revolve around self and what will happen in these communication situations. Students with long standing speech anxieties are likely to have a powerful set of negative cognitions.

C.) Systematic Desensitization. As with the test anxiety, the students respond favorably to the systematic desensitization process because they enjoy the relaxation, and it does serve to facilitate the student's ability to relax before and during a speech. It may be a little harder to develop an "average" hierarchy to use with a group or on audio tapes, because some of the fears are so specific. But as long as the students can remain reasonably flexible, it is still quite advisable to conduct the desensitization in a group or by tape.

In summary, the speech anxiety tends to be a little more specific than the test anxiety, but the fundamental model still holds.

Math Anxiety

Mathematics Anxiety is also quite different from general test anxiety because the fears seem to be so compartmentalized to math. The student will frequently be doing fine in everything except math or subjects requiring extensive math like Chemistry or Economics. The reason for referral for assistance may be labeled test anxiety, but in reality the test anxiety is only found with mathematics. These students can benefit from a test anxiety program, but special additions are needed to address the issues specific to mathematics.

One confounding factor is that the vast majority of students expressing math anxieties are women. For a variety of reasons that are widely discussed in the literature, women are apparently not given adequate support to develop the skills and attitude to be successful in mathematics. There is the acceptance of the myth, "I don't have the mind for math." Many men also suffer from the same affliction, but at the college level most students who express that they have math anxiety are female (maybe the men just don't express it as well). The implications of this in terms of career potential are staggering, since many of the higher paying careers require complex mathematical skills. It is for this reason that math anxiety has gotten a lot of attention and is well researched. Numerous texts of excellent quality are available, and some are listed among the selected references. Several areas are consistently included in programs for the reduction of math anxiety:

A.) Skill Development in Fundamental Mathematics.
B.) Group Support.
C.) Cognitive Restructuring.
D.) Test Anxiety Reduction.

A very wide range of delivery methods are used from individual tutoring to supportive activities in classes of 20-30 students. Sometimes the instruction is by a math teacher, sometimes a counselor. The most comprehensive models tend to use a team taught approach with a supportive math teacher and a mathematically inclined counselor. But group instruction is by far the most popular approach as is seen when elements of a successful program are further explained:

A.) Skill Development in Fundamental Mathematics. The math avoidance behavior found in college students usually started early in their school career. So while some students were getting well grounded in fundamental mathematical skills, these students were already avoiding math and not developing the essential basic skills. So the first step is a realistic assessment of what the student can and cannot do, and beginning the instruction at that level. Some college programs will even go back to teaching methods used in elementary school programs, such as: the use of manipulatives to help students make the bridge from concrete to abstract operations. Graphing calculators help with this as well. At the community colleges which are the entry point for most adult learners, pre-college level mathematics courses are usually filled to capacity. A student may have been able to get into a higher level mathematics course only to discover that he or she is missing some essential skills. It is difficult to take a step back into a lower level class, especially if it means delaying the completion of a degree, but it is next to impossible to remediate a person in mathematics while they are taking the course for which they lack the skills.

B.) Group Support. Nearly all the successful programs for reducing math anxiety had some elements of a support group, some even calling them "math anxiety support groups." A number of things are accomplished by using group support: students no longer feel isolated and that they are the only one with that problem, attitudes and beliefs about oneself must be changed and the encouragement of others helps, helpful study strategies can be shared, study groups can be formed to work on specific class assignments.

C.) Cognitive Restructuring. Using the Ellis model rational/irrational thinking can be explored and disputed. But one approach particular to mathematics is to dispute some of the myths surrounding the learning of mathematics. These include: "Math requires logic, not intuition." "You must always know how you got the answer." "There is a best way to do a math problem." "Mathematicians do problems quickly, in their heads." "Some people have a 'math mind' and some don't." (Kogelman and Warren, 1978). By working through a few sample problems students can be taught that math is not such an exacting science as they are lead to believe and can learn to use intuitive procedures to solve problems. This often gives the math anxious student "permission" to experiment with math and significantly reduces the apprehension.

D.) Test Anxiety Reduction. Many of the same things used for general test anxious students can be used here, or the students can participate in a test anxiety reduction program as well. Some of the particular items that may be helpful include: improving basic study skills, test taking skills, practice testing, diet and lifestyle management, anxiety management techniques, and systematic desensitization.

Summary

In summary, the elements of model programs for the reduction of test, speech and math anxiety were presented. All three approaches use basically the same components of learning new skills, changing attitudes and beliefs, and systematic desensitization. These same elements can be used to structure the treatment of other school anxieties. The student workbooks for the reduction of test and speech anxiety included as part of this program may serve as useful guide for the development of an anxiety reduction group.

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CHAPTER EIGHT

RELAXATION AND DESENSITIZATION SCRIPTS

This chapter is simply a resource one. The following are several different scripts that can be used by a counselor working with school anxious students. The are the same scripts used on the audio tapes that go with the student workbooks. Counselors who wish may simply record their own tapes. The first first script listed is the one for "anxiety management" that students can use during or just prior to the moment of crisis. The second script is the deep muscle relaxation method that is used with the systematic desensitization. Finally a sample of test anxiety hierarchies are presented.

Anxiety Management Relaxation Script -- Deep Breathing

(About 2 minutes)

The following is a brief relaxation method to be used at times when you are experiencing anxiety or just prior to an activity that is likely to produce anxiety. It should be practiced many times until you are able to do it on your own. With repeated practice you can achieve very deep levels of relaxation in a short period of time.

Begin by sitting in a chair with your arms comfortably at your side, hands in your lap. You may wish to loosen your neck and shoulder muscles by rolling your head and raising your shoulders several times..... close your eyes and let your head come forward until it is resting comfortably. Begin to focus on your breathing. Breathe slowly and gently...inhaling through your nose and exhaling through your mouth ... As you breathe in, concentrate on using your diaphragm ... as you breathe in you should notice your lower chest and stomach expanding greatly all of your bodily tensions. Continue this slow and gentle breathing as long as necessary and notice that your muscles will become heavy and your mind will clear. As you start to relax imagine that you are engaging in a favorite relaxing activity: laying on the beach, sitting by a lake, listening to favorite music, taking a bath. You choose the scene, make it comfortable and very relaxing.

When you are fully relaxed and ready to return, open your eyes and begin your task.

Relaxation Script -- Deep Muscle
(15 Minutes)

To be used as the deep muscle relaxation segment for systematic desensitization.

Adapted from: Wolpe, J & Lazarus, A.A. Behavior Therapy Techniques. New York: Pergamon, 1966.

Note to the Speaker: Speak slowly and deliberately, using lower voice tones. Baritone and alto tones are better than tenor and soprano. Practice using a tape recorder several times before using the relaxation script with your clients. Do the relaxation in a dimly lit, quiet room. It may be accomplished by sitting in a comfortable chair, or by lying flat. Lying down is the preferred position.

Before I begin I would like you to take a few seconds to relax as much as you can totally on your own..... Settle back as comfortably as you can. Let yourself relax to the very best of your ability....Now, as you relax like that, clench both fists, just clench your fists tighter and tighter, and study the tension as you do so. Keep them clenched and feel the tension in your fists, hands, forearms....and now relax. Let the fingers of your hands become loose, and observe the contrast in your feelings...now let yourself go and try to become more relaxed all over...Once more, clench your fists really tight...hold them, and notice the tension again....Now let go, relax; your fingers straighten out, and you notice the difference once more....Each time, pay close attention to your feelings when you tense up and when you relax. Now straighten your arms, straighten them so that you feel the most tension in the triceps muscles along the back of your arms, stretch your arms and feel that tension...and now relax. Get your arms back into a comfortable position. Let the relaxation proceed on its own. Your arms should feel comfortably heavy as you allow them to relax...Straighten your arms once more so that you feel the tension in the triceps muscles; straighten them. Feel the tension...and relax. Get your arms comfortable and let them relax further and further. Continue relaxing your arms even further. Even when your arms seem fully relaxed, try to go that extra bit further; try to achieve deeper and deeper levels of relaxation.

Let all of your muscles go loose and heavy. Just settle back quietly and comfortably. Wrinkle up your forehead now; wrinkle it tighter...and now stop wrinkling your forehead, relax and smooth it out. Picture your entire forehead and scalp becoming smoother as the relaxation increases... Now, close your eyes tighter and tighter...place all of your tension in your eyes....and relax your eyes. Keep your eyes closed, gently, comfortably, and notice the relaxation....Now clench your jaws, bite your teeth together; study the tension throughout the jaws....relax your jaws now....learn to appreciate the relaxation....Now press your lips together tighter and tighter....relax the lips. Note the contrast between tension and relaxation. Feel the relaxation all over your face. The relaxation progresses further and further....Now attend to your neck muscles. Press you head back as far as it can go and feel the tension in the neck; roll it to the right and feel the tension shift; now roll it to the left. Straighten your head and return to a comfortable position, study the relaxation, let the relaxation really develop....Now shrug your shoulders, pull them up and try to touch your ears. Hold the tension....drop your shoulders and feel the relaxation. Neck and shoulders relaxed. Shrug your shoulders again and move them around. Bring your shoulders up, forward, and back. Feel the tension in your shoulders and in your upper back...drop your shoulders once more and relax. Let the relaxation spread deep into the shoulders, right into your back muscles; relax your neck and throat, and your jaws and other facial areas as the pure relaxation takes over and grows deeper....deeper....ever deeper.

Relax your entire body to the best of your ability....feel that comfortable heaviness that accompanies relaxation.... breathe easily...freely in and freely out. Notice how the relaxation increases as you exhale. As you breathe out just feel that relaxation. Now breathe right in, fill your lungs, inhale deeply and hold your breath....study the tension...now exhale, let the walls of your chest grow loose and push the air out automatically...continue relaxing and breathe freely and gently... feel the relaxation and enjoy it ... with the rest of your body as relaxed as possible, fill your lungs again, breathe in deeply and hold it again. That's fine, breathe out and feel the relief ... just breathe normally. Continue relaxing your chest and let the relaxation spread to your back, shoulders, neck and arms. Merely let go and enjoy the relaxation. Now pay attention to your stomach muscles, make your stomach hard ... notice the tension ... and relax. Let the muscles loosen and notice the contrast. Feel the general well being that comes when you relax your stomach. Now draw your stomach in, pull the muscles right in and feel the tension this way, now push out and feel the tension ... once more pull in and feel the tension ... now relax your stomach fully ...Let the tensions dissolve as the relaxation grows deeper, deeper, ever deeper. Each time you breathe out notice the rhythmic relaxation both in your lungs and in your stomach ... notice thereby how your chest and stomach relax more and more.

Try and let go of all contractions anywhere in your body ... all parts relaxing further and further, ever deeper. Now relaxed as you are, I would like you to tense all the muscles in your right leg. Hold it ... and now relax. Let the muscles loosen as the relaxation takes over. Once more tighten the muscles of your right leg while the rest of your body stays as relaxed as possible ... and now relax. Relaxing more and more, ever deeper. Now push your right foot downwards away from your face. Feel the tension in your arch, ankle ... now return your foot to a comfortable and relaxed position. Now while the rest of your body stays as relaxed as possible, tense the muscles of your left leg ... hold it ...and now relax. Simply let the relaxation develop. Once more tense the muscles of your left leg ... and now relax ... relaxing more and more. Now, push your left foot downwards away from your face. Feel the tension in your arch, ankle ... and now relax your foot.

Keep relaxing like that for a while ... feel how heavy your muscles have become. In a state of perfect relaxation, you would feel unwilling to move a single muscle. Think about the effort that would be required to raise your right arm ... as you think about raising your arm, notice if tensions may have crept in. If so let them go and relax your arm more. Now you can become twice as relaxed as your are right now merely by taking two very deep breaths ... and slowly ... very slowly exhaling ... (wait 10 seconds). Now relaxed as you are, I would like you to imagine your own neutral scene, something for you that is comfortable and very relaxing.

Wait about 45 seconds, then introduce the first scene in the hierarchy. Have the client(s) imagine the scene for 30 seconds, then say: "Stop imagining that and relax. Take a deep breathe and go back to your neutral scene." Wait 30 seconds and reintroduce the first scene. Have the client imagine the scene for 30 seconds, then say: "Stop imagining that and relax." Repeat the same process for the second scene in the hierarchy. For subsequent sessions repeat the last scene from the previous session, and introduce one new and higher scene. If the client is having difficulty staying relaxed while visualizing the scene, stay at the same level and do not introduce a new scene. After the last scene say, "Stop imagining that and relax, keep relaxing like that for a while ... (wait 90-120 seconds) ... now I am going to count from one to four. When I say 'one' start wiggling your toes, 'two' start moving your feet, 'three' start moving your hands, 'four' open your eyes and sit up. One, start wiggling your toes ... Two, start moving your feet ... Three, start moving your hands ... Four, open your eyes and sit up."

Script for Test Anxiety Hierarchy Audio Tapes

(To be combined with the deep muscle general relaxation script)

TAPE ONE

Test Anxiety Tape One.

This is the first of six tapes to be used for the reduction of test anxiety. For the relaxation find a quiet, dimly lit room where you will not be disturbed. Sit in a comfortable easy chair or lay in a prone position, generally lying flat is the best. After going through the deep muscle relaxation you will first be asked to imagine something called a "neutral scene." This is a mental picture of your favorite relaxing activity: lying on the beach, listening to music, sitting by a lake, etc. After picturing your neutral scene you will be asked to picture two different scenes related to test anxiety. The goal is to be able to stay perfectly relaxed while imagining these scenes. When you can do this while staying relaxed, you can go on to higher level anxiety producing scenes. Do not go on to tape two until you can picture these scenes while staying relaxed. We are ready to begin.

(insert relaxation script)
Relaxed as you are, I would like you to imagine that you are at home studying.
(25 seconds)
Stop imagining that and relax, take a deep breath and go back to your neutral scene.
(30 seconds)
Once more, I would like you to imagine that you are at home studying.
(25 seconds)
Stop imagining that and relax.
(30 seconds)
Now relaxed as you are, I would like you to imagine that your instructor announces a test in two weeks.
(25 seconds)
Stop imagining that and relax, take a deep breath and go back to your neutral scene.
(30 seconds)
Once more, I would like you to imagine that your instructor announces a test in two weeks.
(25 seconds)
Stop imagining that and relax. Keep relaxing like that for a while, feel the relaxation and enjoy it.
(90 seconds)
Now I am going to count from one to four. When I say one start wiggling your toes; two, start moving your feet; three, start moving your hands; four, open your eyes and sit up. One, start wiggling your toes. Two, start moving your feet. Three, start moving your hands. Four, open your eyes and sit up.

TAPE TWO

Test Anxiety Tape Two.

This is the second of six tapes to be used for the reduction of test anxiety. For the relaxation find a quiet, dimly lit room where you will not be disturbed. Sit in a comfortable easy chair or lay in a prone position, generally lying flat is the best. After going through the deep muscle relaxation you will first be asked to imagine something called a "neutral scene." This is a mental picture of your favorite relaxing activity: lying on the beach, listening to music, sitting by a lake, etc. After picturing your neutral scene you will be asked to picture two different scenes related to test anxiety. The goal is to be able to stay perfectly relaxed while imagining these scenes. When you can do this while staying relaxed, you can go on to higher level anxiety producing scenes. Do not go on to tape three until you can picture these scenes while staying relaxed. We are ready to begin.

(insert relaxation script)
Relaxed as you are, imagine that your instructor announces a test in two weeks.
(25 seconds)
Stop imagining that and relax, take a deep breath and go back to your neutral scene.
(30 seconds)
Once more, imagine that your instructor announces a test in two weeks.
(25 seconds)
Stop imagining that and relax.
(30 seconds)
Now relaxed as you are, I would like you to imagine that you are trying to go to sleep the night before a test.
(25 seconds)
Stop imagining that and relax, take a deep breath and go back to your neutral scene.
(30 seconds)
Once more, I would like you to imagine that you are trying to go to sleep the night before a test.
(25 seconds)
Stop imagining that and relax. Keep relaxing like that for a while, feel the relaxation and enjoy it.
(90 seconds)
Now I am going to count from one to four. When I say one start wiggling your toes; two, start moving your feet; three, start moving your hands; four, open your eyes and sit up. One, start wiggling your toes. Two, start moving your feet. Three, start moving your hands. Four, open your eyes and sit up.

TAPE THREE

Test Anxiety Tape Three

(insert relaxation script)
Relaxed as you are, imagine that you are going to sleep the night before a test.
(25 seconds)
Stop imagining that and relax, take a deep breath and go back to your neutral scene.
(30 seconds)
Once more, imagine that you are going to sleep the night before a test.
(25 seconds)
Stop imagining that and relax.
(30 seconds)
Now relaxed as you are, I would like you are receiving back a graded test.
(25 seconds)
Stop imagining that and relax, take a deep breath and go back to your neutral scene.
(30 seconds)
Once more, I would like you to imagine that you are receiving back a graded test.
(25 seconds)
Stop imagining that and relax. Keep relaxing like that for a while, feel the relaxation and enjoy it.
(90 seconds)
Now I am going to count from one to four. When I say one start wiggling your toes; two, start moving your feet; three, start moving your hands; four, open your eyes and sit up. One, start wiggling your toes. Two, start moving your feet. Three, start moving your hands. Four, open your eyes and sit up.

TAPE FOUR

Test Anxiety Tape Four

(insert relaxation script)

Relaxed as you are, imagine that you are receiving back a graded test.

(25 seconds)

Stop imagining that and relax, take a deep breath and go back to your neutral scene.

(30 seconds)

Once more, imagine that you are receiving back a graded test.

(25 seconds)

Stop imagining that and relax.

(30 seconds)

Now relaxed as you are, I would like you to imagine you are entering class the day of a test.

(25 seconds)

Stop imagining that and relax, take a deep breath and go back to your neutral scene.

(30 seconds)

Once more, I would like you to imagine that you are entering class the day of a test.

(25 seconds)

Stop imagining that and relax. Keep relaxing like that for a while, feel the relaxation and enjoy it.

(90 seconds)

Now I am going to count from one to four. When I say one start wiggling your toes; two, start moving your feet; three, start moving your hands; four, open your eyes and sit up. One, start wiggling your toes. Two, start moving your feet. Three, start moving your hands. Four, open your eyes and sit up.

TAPE FIVE

Test Anxiety Tape Five

(insert relaxation script)

Relaxed as you are, imagine that you are entering class the day of a test.

(25 seconds)

Stop imagining that and relax, take a deep breath and go back to your neutral scene.

(30 seconds)

Once more, imagine that you are entering class the day of a test. (25 seconds)

Stop imagining that and relax.

(30 seconds)

Now relaxed as you are, I would like you to imagine you are reading the first question of a test and skipping it because you cannot answer it.

(25 seconds)

Stop imagining that and relax, take a deep breath and go back to your neutral scene.

(30 seconds)

Once more, I would like you to imagine that you are reading the first question of a test and skipping it because you cannot answer it.

(25 seconds)

Stop imagining that and relax. Keep relaxing like that for a while, feel the relaxation and enjoy it.

(90 seconds)

Now I am going to count from one to four. When I say one start wiggling your toes; two, start moving your feet; three, start moving your hands; four, open your eyes and sit up. One, start wiggling your toes. Two, start moving your feet. Three, start moving your hands. Four, open your eyes and sit up.

TAPE SIX

Test Anxiety Tape Six

(insert relaxation script)

Relaxed as you are, imagine that you are reading the first question of a test and skipping it because you cannot answer it.

(30 seconds)

Stop imagining that and relax, take a deep breath and go back to your neutral scene.

(30 seconds)

Once more, imagine that you are reading the first question of a test and skipping it because you cannot answer it.

(40 seconds)

Stop imagining that and relax. Keep relaxing like that for a while, feel the relaxation and enjoy it.

(90 seconds)

Now I am going to count from one to four. When I say one start wiggling your toes; two, start moving your feet; three, start moving your hands; four, open your eyes and sit up. One, start wiggling your toes. Two, start moving your feet. Three, start moving your hands. Four, open your eyes and sit up.

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A Sample is not provided for Speech or other anxieties because the format is essentially the same. Develop a heirarchy and insert the scenes in a similar manner.

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CONCLUSION

In chapter one school anxiety was defined as, "a strong physical and psychological reaction to specific situations in school that seriously impairs the ability of the student to perform." The general term school anxiety was selected because the various sub-types (test, speech, math, etc.) share some common elements and treatments.

It is the "marriage" of behavior therapy, cognitive therapy, and traditional classroom instruction that constitutes effective treatment of school anxiety. The text attempted to briefly outline the critical areas such as study skills, systematic desensitization, and cognitive treatments in a manner that a relatively experienced educator could take them and directly apply the concepts. If these aren't adequate "how to" materials, the appendices should be consulted. One appendix lists scripts that can be used to conduct systematic desensitization, others give complete student workbooks for test and speech anxiety groups. They are prototypes of the instructional materials used in a self-paced class taught at the College of Lake County. A separate Math Anxiety workbook was not developed since there are a number of very good instructional based materials available.

A final note relates to the satisfaction of working with school anxious students. It really feels fantastic to observe someone make a dramatic turn around, and knowing that your efforts had a direct impact on that. Too frequently our efforts take years to take hold and the students have left the institution before we know what has happened to them. With the school anxious student you get an opportunity to receive some concrete feedback. A hug from a grateful student on graduation day can keep you going for a long time.

Good luck!

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MATERIALS THAT CAN BE ORDERED FROM THE COLLEGE OF LAKE COUNTY

The following are materials that can be ordered from the College of Lake County. To obtain a current price list please contact:

Dr. David Ross
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Test Anxiety Student Set. A workbook using a multi-dimensional approach to reducing test anxiety. It can be the text for an on-going group or as part of a self-paced program. This includes a six step systematic desensitization sequence on audio tape.

Speech Anxiety Student Set. Similar to the test anxiety workbook and tapes, with the focus on public speaking.

Ten Steps to Reducing Test Anxiety. A 12-minute video designed for use with class presentations or workshops. Includes a discussion guide.

General Relaxation Tape. An audio tape with instructions for a brief deep breathing relaxation method on one side, and a 15 minute deep muscle relaxation method on the other.

Desensitization Tapes. The relaxation and desensitization tapes that correspond to the student workbooks can be ordered separately.

Staff Consultations and Training. Dr. Ross is available for on-site training or consultations. Contact him directly for information.